

## **Request for Applications** **Medicare Care Choices Model**

### **Overview**

The Centers for Medicare & Medicare Services (CMS) is accepting applications for participation in the Medicare Care Choices Model (MCCM or the “Model”). The MCCM, established under the authority of section 1115A of the Social Security Act, will test new models of care for certain hospice-eligible Medicare and dual eligible beneficiaries to improve care coordination and case management, beneficiary satisfaction, and quality of care, as well as reduce Medicare expenditures. The Model will focus on certain types of cancer, congestive heart failure (CHF), human immunodeficiency virus (HIV), and chronic obstructive pulmonary disease (COPD) (specific diagnoses listed in Appendix 1). The MCCM will offer select hospice services that are included in the Medicare Hospice Benefit (MHB) while allowing for the continuation of curative care services concurrently. Beneficiaries choosing to enroll in this Model will retain the option of electing the Medicare or Medicaid hospice benefit at any time.

Providers eligible to apply for participation in this Model are Medicare certified and enrolled hospice programs in good standing and of all sizes located in a mix of rural and urban areas that are already experienced in care coordination, and/or case management with a network of various types of healthcare providers as well as shared decision making with patients and families. Hospice programs that are selected to participate in the Model will use care coordination and case management services both within the hospice and between the hospice and other providers and suppliers to effectively manage hospice-eligible Medicare and dual eligible beneficiaries and report quality measures on their results. MCCM participating hospices will be paid on a per beneficiary per month (PBPM) basis for certain hospice services listed below in Table 1.

To participate in the MCCM and receive services from an MCCM-participating hospice, a beneficiary must be eligible for the MHB under 42 CFR § 418.20 (or in the case of dual eligible beneficiaries, eligible for the Medicaid Hospice Benefit), not have elected the MHB (or Medicaid hospice benefit) within the last 30 days prior to their participation in the MCCM, and satisfy all of the eligibility criteria listed in the Beneficiary Eligibility and Enrollment Section below.

The Model period of performance will be a period of 3 years. CMS expects to announce selected participants by the Fall of 2014 and expects participants to begin delivering services under the Model no later than 180 days after announcement.

Our objective in testing this Model is to address research questions focused on whether the Model would:

1. Increase access to supportive care services provided by hospice ;
2. Improve quality of life and patient/family satisfaction; and
3. Inform new payment systems for the Medicare and Medicaid programs.

**Medicare Care Choices Model Website:**

To locate the MCCM webpage, go to: <http://innovation.cms.gov/>

Applicants are responsible for monitoring the website to obtain the most current information. Contacts include: Cindy Massuda at (410) 786-0652; and Georganne Kuberski at (410)786-0799 or via email at: [CareChoices@cms.hhs.gov](mailto:CareChoices@cms.hhs.gov).

**Application:**

General Information: Please refer to file code CMS-5512-N on the application. Applications must be:

- Typed for clarity with Times New Roman font and a font size of 12 using Microsoft Word and may not exceed 40 double-spaced pages, including visual aids, actual de-identified examples, and diagrams can be included to provide a comprehensive picture of existing programs and potential Model design.
- The 40-page limit is exclusive of:
  - 1-page cover letter;
  - Up to 2 pages for the executive summary;
  - Resumes, and;
  - Letters of support from all referring providers/suppliers that include how the providers furnish care coordination and/or case management with the applicant.

Please include the elements identified in this Request for Application (RFA) in the application, specifically those elements outlined in the “Selection” section. Applicants must submit a total of 10 copies printed single-sided with page numbers displayed in the bottom right corner to ensure that each reviewer receives an application in the manner intended by the applicant (for example, collated, tabulated, color copies). Applicants must also submit a copy of the full application in Microsoft Word (.doc or .docx) and a copy in portable document format (.pdf) saved onto a USB flash drive. Hard copies and electronic copies must be identical. Applicants must designate one hardcopy as the official application. Any applications failing to adhere to page limitations and above stated guidelines will be rejected and not considered for review.

**Application Due Date:** Applications must be received by June 19, 2014.

**Mail or Deliver Applications:** Applications must be mailed or hand-delivered:

Centers for Medicare & Medicaid Services  
Attention: Cindy Massuda  
7500 Security Blvd  
Mail Stop: WB-06-05  
Baltimore, Maryland 21244

Please note we will not accept applications by any other means such as facsimile (FAX) transmission or by email. Applications received after June 19, 2014 will not be considered. Applicants must submit their application in a manner that provides proof of timely delivery of

their application, such as FedEx or UPS. It is the applicant's responsibility to be able to prove delivery of the complete application by the due date.

**CMS Contacts:** Cindy Massuda at (410) 786-0652 or Georganne Kuberski at (410) 786-0799 or by email at [CareChoices@cms.hhs.gov](mailto:CareChoices@cms.hhs.gov).

## **Purpose and Objectives**

The purpose of this Model is to test whether Medicare beneficiaries who qualify for coverage under the Medicare Hospice Benefit and dual eligible beneficiaries, eligible for the Medicaid Hospice Benefit, would elect to receive the supportive care services typically provided by hospice if they could continue to seek curative services. Beneficiaries participating in the Model would receive hospice support services, as specified under the hospice conditions of participation (CoPs) and listed in Table 1. MCCM participating hospices are expected to engage in shared decision making, care coordination and case management of the patient, family, and his/her providers; ensure that the patient's pain and symptoms are managed; offer appropriate levels of counseling; and address other care needs based on a comprehensive assessment and plan of care.

Total Medicare and Medicaid expenditures for these beneficiaries may be reduced as the result of key aspects of the Model that include pain and symptom management, incorporation of patient-centered goals into the plan of care, care coordination, case management, and shared decision making provided by the MCCM participating hospice. The Model may result in lower expenditures related to emergency department (ED) visits, ambulance services, acute care hospital stays, or diagnostic tests and procedures.

## **Theory of Action**

A primary reason Medicare beneficiaries give for not choosing hospice earlier in the disease cycle is the fear of giving up on potential curative care options.

*"One reason is that patients and families often don't want to hear the 'hospice message.' It is difficult to consistently attract an audience to programs that inform people of hospice or palliative care services. There is a profound reluctance to even think about anything other than restorative therapies."*<sup>1</sup>

Once exposed to the supportive services typically provided by a hospice, beneficiaries may be less fearful and, therefore, willing to forgo curative treatment that may not be effective and turn their focus on pain and symptom management. In order to be eligible for this Model, Medicare beneficiaries would still need to fulfill the traditional Medicare Hospice Benefit (or in the case of dual eligibles, Medicaid hospice benefit) eligibility requirements, which require that beneficiaries be certified as terminally ill with a life expectancy of 6 months or less. The result

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<sup>1</sup> Stanley, J. (March-April, 2003). *What the People Would Want If They Knew More About It: A Case for the Social Marketing of Hospice Care*, HASTINGS CENTER REPORT: Access to Hospice Care: Expanding Boundaries, Overcoming Barriers. S22-23.

would be lower overall Medicare expenditures and greater patient satisfaction and improved quality of care.

## **Model Framework**

The Model requires that each MCCM participating hospice be a Medicare certified and enrolled hospice provider based on its provider number and be in good standing with the Medicare program. In the Model, the MCCM participating hospice will assist in the coordination of, access to, and utilization of, both curative services and hospice services facilitated by shared decision making between the patient, family, and his/her providers. This role would not only require coordination from within the MCCM participating hospice, but also between the hospice and the providers/suppliers furnishing curative services with the goal of achieving better patient-centered outcomes and supporting shared decision making.

Beneficiary education regarding participation in the MCCM and related hospice support services provided under the Model will be the responsibility of the MCCM participating hospices.. The MCCM participating hospice will be expected to conduct ongoing communication and education with the participating beneficiaries regarding coordination of treatment plans and treatment options as prescribed by their healthcare provider.

In selecting hospices to participate in the MCCM, CMS seeks a diverse group of hospices representative of various geographic areas, both urban and rural, and hospices of various sizes. Further, the applicant must be able to demonstrate experience with an established network of providers. Applicants shall describe the maturity of their program, how it evolved each year, and the types of providers/suppliers and services that have been added as the program developed.

In order to determine the effect of the MCCM on total Medicare expenditures, services will be measured through patient population claims comparisons. Claims data from the participating Model beneficiaries will be compared to a control population of non-model Medicare and dual eligible beneficiaries with similar patient and disease characteristics. Comparing the actual expenditures between these two populations will provide the data to analyze the financial implications of this Model.

The Model will adopt quality measures that include, but are not limited to those selected for the Hospice Quality Reporting Program as well as additional measures focused on pain management, care coordination/case management, care transitions, communication, patient-centered goals, patient/family satisfaction and measures selected for the HQRP. These measures will provide an understanding of whether each hospice's model design affects patient care with the goal of improved quality of care as demonstrated by reduced ED visits, reduced hospitalizations and lengths of hospital stay, and lower Medicare expenditures. The additional measures will be developed by the implementation contractor for this Model in coordination with the MCCM participating hospices with CMS final approval. This effort includes all materials related to the measures such as the data dictionary, operating manuals, and other materials needed to implement a Quality Assessment and Performance Improvement (QAPI) program, as well as the means for MCCM participating hospices to report this data electronically.

Under section 1115A(d)(1) of the Social Security Act (SSA), the Secretary of Health and Human Services may waive such requirements of Titles XI and XVIII and of sections 1902(a)(1), 1902(a)(13), and 1903(m)(2)(A)(iii) as may be necessary solely for purposes of carrying out section 1115A with respect to testing models described in section 1115A(b). Notwithstanding any other provision of this RFA, individuals and entities participating in and involved with the MCCM (e.g., hospices and physicians) must comply with all applicable laws and regulations – including, but not limited to, the federal anti-kickback statute, the physician self-referral law (also known as the “Stark Law”), the prohibition against inducements to beneficiaries, and the federal False Claims Act – except as explicitly provided in any waiver that may be granted pursuant to section 1115A(d)(1) specifically for the MCCM. At the time of publication of this RFA, we do not expect to issue any waivers for this Model.

The following summarizes the Model:

- Once a hospice eligible patient, who meets the Model’s criteria stated in the RFA, signs and agrees to participate in this Model, then the hospice will conduct a comprehensive assessment that follows the hospice CoPs (42 CFR 418.54).
- The hospice must also complete the initial discussion and related documents to achieve patient-centered goals within 3 days of enrolling a beneficiary into this Model, as further explained in the Patient-centered Goals Process section of the RFA. The patient-centered goals plan must be reviewed, revised, and documented upon reassessment of functional need, at least every 30 days, or when the individual’s circumstances or needs change significantly, or at the request of the individual.
- The Plan of Care (POC), which results from the interdisciplinary group meeting and must also follow the hospice CoPs, determines the services that the hospice must provide and must be reviewed, revised, and documented at least every 15 calendar days as required by the hospice CoPs. (42 CFR 418.56).
- The hospice services are all services available under the MHB for routine home care and inpatient respite levels of care that cannot be separately billed under Medicare Parts A, B, and D and must be available 24/7, 365 calendar days per year. These services are broken out in Table 1 of the RFA.
- The patient in this Model still seeks curative care services and that provider is the patient’s primary care provider, not the hospice as occurs under the MHB.
- Based on the fact that the hospice is not the primary provider responsible for the patient’s care in this Model and the breakdown of services between the hospice services and the services that other providers can bill for separately under Medicare Parts A, B, and D, the hospice will be focused more on managing the care.
- The hallmark of the design is the coordination and case management of the hospice eligible patient to meet the patient’s goals. These patients are still going about their lives and still seeking a cure from the medical community. Their need for face-to-face visits is expected to be limited as long as they are still getting services from their physicians (oncologists, cardiologists, pulmonologists, and infectious disease specialists). Instead

these patients and their families are more likely to need information so that the patient can determine what care they want that fits their patient-centered goals. These sorts of services can be provided telephonically. From experience with other demonstrations, phone calls with someone they have a trust relationship with are the preferred way patients and families want to receive these sorts of communications. The patients and families are further supported by having 24/7 access to the hospice professionals that further builds on this rapport (the hospice can answer questions at any hour) along with access to care 24/7, 365 days per year.

- As curative care fails to change the prognosis and the Model patient's condition worsens, we assume the patient will likely not be in a position to tolerate as much curative care and will begin to need more palliative services to maintain their comfort. The patient's plan of care will reflect this change in health status and require more home visits by nurses, the continuous home care (CHC), and/or general inpatient care (GIP) levels of care under the MHB. By this time, the patient is more likely to appreciate the benefits of what the hospice can offer, be less resistant to the idea of hospice, and be more prepared to discontinue curative care. The relationship built between the patient and the hospice will aid in these discussions that reflect the patient's goals. We expect this transition to occur in the Model before patients reach at or near the point of "actively dying," which is when so many of them now turn to hospice.
- If the patient's primary care provider and hospice want to incorporate technology into this Model, then that is an option. The use of technology like smartphones redesigned for capturing health data would be part of patient and family education and biofeedback information to the patients and families as a means of maintaining the patient as stable as possible for as long as possible. These services would be integrated with their primary care provider in coordination with the hospice through the hospice nurse care coordinator.
- The Model tracks the patients using a monthly service and activity log and captures each beneficiary's Medicare claims data. The data captured about each hospice that includes its business model, the Model beneficiaries' demographics, the Model beneficiaries' primary diagnosis and co-morbidities, and geographic information will enable the Evaluation Team to study and analyze the hospice in multiple ways that include by business model, geographic differences, and patient care needs. The patient care will be tracked to include the disease category; information from the service and activity log that include the services provided, the staff categories providing the services, the number of visits, and length of each visit; and Medicare claims data for all services provided once in this Model. Further, the service and activity log is being designed to allow direct comparisons with the data required by hospices under the MHB. This will enable the evaluation to track and analyze care and services before and after any Medicare hospice election. Over time, this data should provide patterns that inform CMS and could impact policy.

- Random audits of the patients' medical records to compare the POC to the Service and Activity Log will provide CMS with the assurances it needs that the services provided reasonably match the POC and meet the patient-centered goals.
- Hospices must submit quarterly quality data as further described in the RFA and participate in calls with the CMS project officers.
- Technical assistance will be provided to assist hospices with implementing the Model.
- CMS will conduct an evaluation of this Model as further explained in the RFA.

### **Payment for Services**

MCCM participating hospices will be paid a \$400 PBPM fee to provide the hospice support and care coordination and case management services listed in Table 1. The hospices will be paid the full \$400 PBPM for providing services for 15 or more days per calendar month and \$200 PBPM for services provided for less than 15 days in a calendar month. The PBPM fee would be the total payment for Model services. The PBPM fee has no beneficiary co-insurance or deductible. The MCCM beneficiary shall not be billed for any care coordination or case management services by any provider. The MCCM participating hospice is responsible for educating their referring providers and the beneficiary on this issue.

We note that under the MHB there are additional items and services that are normally paid through the hospice per diem such as drugs, durable medical equipment (DME), speech language pathology services, occupational therapy, physical therapy, and ambulance transports. Since patients enrolled in this Model are not receiving the Medicare hospice benefit, if they are in need of any of those items or services, a qualified provider or supplier may furnish them to the MCCM beneficiary and bill the appropriate part of Medicare subject to all existing rules and requirements. While participating in the MCCM, beneficiaries would remain subject to any relevant cost-sharing requirements incurred as a result of curative care treatments. The PBPM fee that is paid to the MCCM participating hospice has no cost sharing associated with it. Providers furnishing curative services should continue to bill Medicare as per their provider agreement.

### **Applicant:**

The applicant must be a hospice based on its Medicare provider number. CMS seeks a diverse group of hospices representative of various geographic areas, both urban and rural, and hospices of varying sizes. Further, the applicant must be able to demonstrate experience providing care coordination services and/or case management as well as shared decision-making to beneficiaries prior to electing the MHB in conjunction with their referring providers/suppliers.

The applicant will need to explain how the program will be staffed and demonstrate its capacity to perform the duties of the Model along with its responsibilities under the Medicare hospice program.

### **Main Hospice with Multiple Locations:**

For Medicare-enrolled hospices that have a main office and multiple locations, the hospice's main office must apply and identify which of its locations are in urban or rural areas and address the criteria in Table 2, Application Criteria and Checklist, for each location it wants considered for the Model. The combined application will be reviewed and determination of awards will be based on the merits of the individual hospice locations. Awards and payment will be made to the main office with the locations identified.

### **Referring Healthcare Providers:**

The referring healthcare provider is the Medicare or dual eligible beneficiary's provider who is primarily responsible for the beneficiary's curative care. To ensure the beneficiary is eligible for the Model, the beneficiary must have had at least three office visits in the last 12 months with the referring healthcare provider related to the beneficiary's qualifying diagnosis as listed in Appendix 1. Further, referring healthcare providers will identify eligible beneficiaries for referral to the MCCM participating hospice. While the hospice is responsible for educating the beneficiary about the Model, the referring healthcare provider is responsible for attesting that the beneficiary meets the MCCM eligibility criteria listed in the Beneficiary Eligibility and Enrollment Section.

PBPM payments can only be made to the hospice, the Model design relies heavily on the referring healthcare providers working in conjunction with the MCCM participating hospice care coordinator. The MCCM design is based on established relationships hospices have with their referring network of providers/suppliers. Many hospices already have care coordination and/or case management programs in place to coordinate hospice support services with the curative care services. This Model leverages those established relationships to allow Medicare to test and evaluate this care coordination and case management concept.

### **Beneficiary Eligibility and Enrollment**

#### **Model Beneficiaries**

The Model design focuses on a mix of rural and urban Medicare beneficiaries eligible for the MHB as well as dual eligible beneficiaries who are enrolled in Medicare fee-for-service and eligible for the Medicaid hospice benefit (collectively these Medicare and dual eligible beneficiaries are referred to as "Model beneficiaries"). The Model beneficiary must also be diagnosed with certain, identified terminal illnesses as listed in Appendix 1. Further, the Model beneficiary must not have elected the Medicare Hospice Benefit or Medicaid Hospice Benefit within the last 30 days prior to their participation in the MCCM and must meet all of the other criteria listed below. The Model would allow for the provision of both hospice services and curative services concurrently. The expectation is that the MCCM participating hospice assists in the coordination of, access to, and utilization of both hospice and curative services. This would require coordination from within the MCCM participating hospice as well as coordination between the MCCM participating hospice and providers/suppliers of curative services.

To participate in the MCCM and receive services from a MCCM participating hospice, a beneficiary must be eligible for the MHB under 42 CFR § 418.20, or in the case of dual eligible beneficiaries, eligible for the Medicaid Hospice Benefit. The beneficiary must be enrolled in Medicare fee-for-service, also known as traditional Medicare. The Model is available to dual eligible beneficiaries that are enrolled in Parts A, B, and D in traditional Medicare, and are not receiving services under Medicaid for care coordination or nursing services (42 CFR §§ 418.64 and 418.76). Since the Medicare claims system does not identify when a beneficiary is eligible for the Model, a beneficiary would be considered eligible if he/she meets all of the following eligibility criteria. The beneficiary:

- Is enrolled in Medicare Parts A and B and is enrolled in a standalone Part D plan (that is, a prescription drug plan, (PDP)); and,
- Is not enrolled in a Medicare managed care organization, including but not limited to Medicare Advantage(MA) plan, Health Care Pre-Payment Plan (HCPP), or a Program of All-Inclusive Care for the Elderly (PACE) plan; and,
- Has not participated in a Medicare managed care plan for at least the last 2 open enrollment years; and,
- Has a diagnosis as indicated by certain ICD-9/10 codes for terminal cancer, chronic obstructive pulmonary disease (COPD), human immunodeficiency virus (HIV), or congestive heart failure (CHF) as listed in Appendix 1; and,
- Has had at least two hospitalizations in the last 12 months which were related to his/her MCCM qualifying diagnosis (ICD-9/10 code listed in Appendix 1); and,
- Has had at least three office visits with his/her Medicare enrolled healthcare provider (defined as primary care or specialist provider) within the last 12 months which were related to his/her MCCM qualifying diagnosis (ICD-9/10 code as listed in Appendix 1); and,
- Obtains the signed and dated certification of terminal illness from the Medicare enrolled healthcare provider described above and the hospice medical director; and,
- Meets hospice eligibility and admission criteria as stated in 42 CFR § 418.20, Eligibility requirements, and § 418.25, Admission to hospice care; and
- Has not elected the Medicare Hospice Benefit or Medicaid Hospice Benefit within the last 30 days prior to their participation in the MCCM; and,
- Lives in a traditional home (that is, not a nursing home, assisted living facility, hospice inpatient facility, or other institutional setting) at the start of his/her participation in the MCCM; and,
- Agrees to actively participate in the patient-centered goals planning process as discussed in the Patient-centered Goals Section; a copy of which will be provided to the prospective beneficiary by the hospice; and,
- Reviews and discusses the option of Model participation with his/her Medicare enrolled healthcare provider; and,
- Signs and dates the “MCCM Beneficiary Enrollment and Referring Provider Attestation Form” for this Model indicating that he/she wants to participate in the MCCM.

If, during the course of participation in the model, a beneficiary chooses to seek only hospice care under the MHB, a hospice Notice of Election would be signed and the beneficiary would not be eligible to continue participating in the Model. If the beneficiary chooses to seek only

curative services and no longer participate in the Model, the hospice would note this on that month's service and activity log and thereafter the beneficiary would no longer be reported on the monthly service and activity log. Any beneficiary requiring a length of stay exceeding 90 days in a nursing home, assisted living facility, hospice inpatient facility, or other institutional setting (other than a hospital) is no longer eligible to participate in the Model. A beneficiary who leaves the model would not be eligible to return to the Model at a later date.

Beneficiaries will be informed that they may be contacted by CMS or its contractors to provide information for the evaluation of the Model. However, beneficiaries will be specifically advised that refusal to participate in the evaluation or respond to requests for information will not affect their Medicare or Medicaid benefits in any way.

### **Patient-centered Goals Planning Process**

A main focus of the Model is on patient-centered goals. In order to effectively implement the concept of patient-centered goals into the Plan of Care, CMS expects MCCM participating hospices to apply the concept as follows:

The patient-centered goals planning process: The patient-centered goals planning process is driven by the individual. The process:

- (1) Includes people chosen by the individual.
- (2) Provides necessary information and support to ensure that the individual directs the process to the maximum extent possible, and is enabled to make informed choices and decisions.
- (3) Is timely and occurs at times and locations of convenience to the individual.
- (4) Reflects cultural considerations of the individual.
- (5) Includes strategies for solving conflict or disagreement within the process, including clear conflict-of-interest guidelines for all planning participants.
- (6) Offers choices to the individual regarding the services and supports they receive and from whom.
- (7) Includes a method for the individual to request updates to the plan.

The patient-centered goals plan must reflect the services and supports that are important for the individual to meet the needs identified through the plan of care, as well as what is important to the individual with regard to preferences for the delivery of such services and supports.

The plan must:

- (1) Reflect that the setting in which the individual resides is chosen by the individual.
- (2) Reflect the individual's strengths and preferences.
- (3) Reflect clinical and support needs as identified through the plan of care.
- (4) Include individually identified goals and desired outcomes.
- (5) Reflect the services and supports (paid and unpaid) that will assist the individual to achieve identified goals, and the providers of those services and supports.
- (6) Reflect risk factors and measures in place to minimize them, including individualized backup plans.

- (7) Be understandable to the individual receiving services and supports, and the individuals important in supporting him or her.
- (8) Identify the individual and/or entity responsible for monitoring the plan.
- (9) Be finalized and agreed to in writing by the individual and signed by all individuals and providers responsible for its implementation.
- (10) Be distributed to the individual and other people involved in this plan.

#### Reviewing the patient-centered goals:

The patient-centered goals plan must be reviewed, revised, and documented upon reassessment of functional need, at least every 15 days, or when the individual's circumstances or needs change significantly, or at the request of the individual.

CMS requires MCCM participating hospices to complete the initial discussion and related documents to achieve patient-centered goals as part of the comprehensive assessment (42 CFR 418.54) required for enrolling a beneficiary into this Model. This will ensure that the beneficiary's stated patient-centered goals are honored throughout their participation in the Model. Any beneficiary that does not actively participate in the patient-centered goals planning process and complete the documents cannot participate in this Model. Achieving patient-centered goals at all stages of the terminal disease trajectory is a hallmark of this Model. The Model beneficiary can only continue in the Model if their patient-centered goals, as discussed in this Patient-centered Goals Section, reflect the beneficiary's goals at all times of their participation in the Model.

#### **Services Available to Beneficiaries Participating in the Model Paid at the PBPM Fee**

The Model services include all services available under the MHB for routine home care and inpatient respite levels of care that cannot be separately billed under Medicare Parts A, B, and D and must be available 24/7, 365 calendar days per year. These services are listed in Table 1. The Model will pay for the Model services on a PBPM basis of \$400 to the MCCM participating hospice (the fee is pro-rated to \$200 PBPM for services provided for less than 15 days in a calendar month). Under the MHB, certain items and services are bundled and cannot be billed separately under Medicare Parts A, B, or D. These include drugs, DME, physical therapy, occupational therapy, speech pathology, and ambulance services. In this Model, unlike the MHB, services that Medicare covers under Parts A, B, or D must be billed separately and are not part of the \$400 PBPM payment. For those items and services billed separately and by other providers under Medicare parts A, B, and D, the MCCM participating hospice remains responsible for the management of those items and services as required by the hospice CoPs.

A key aspect of this Model is the role of the MCCM participating hospice care coordinator. This role is required by the hospice CoPs (42 CFR 418.56). MCCM participating hospices are expected to engage in shared decision making; care coordination and case management of the patient, family, and his/her providers; ensure that the patient's pain and symptoms are managed; offer appropriate levels of counseling; and address other care needs based on a comprehensive assessment and plan of care that follow the hospice CoPs

The applicant must describe in detail the role of the MCCM participating hospice care coordinator in shared decision making with beneficiaries its model design and how this person will perform care coordination and case management with the referring providers/suppliers outside of the MCCM participating hospice. We recognize that this Model may overlap with other care coordination, case management, and/or shared decision making functions provided for beneficiaries participating in the MCCM. The expectation in the MCCM is for the MCCM participating hospices to identify any overlap of these services and assume the lead to ensure these functions are coordinated between all providers for the MCCM beneficiary. The goal of this expectation is to ensure the MCCM beneficiary receives consistent information that is not conflicting. Please include the specific resumes of the person or persons performing this role that describes in detail their experience in performing the functions expected in this Model. Selection criteria will award more points based on this individual's qualifications and demonstrated results in meeting these requirements.

The MCCM is that it does not provide general inpatient (GIP) or continuous home care (CHC) levels of hospice care, which are palliative care only and are provided for brief periods of instability. The GIP and CHC levels of care are only available for patients who elect the Medicare hospice benefit where the hospice is the primary care provider (under the MCCM, the primary care provider is the curative provider). As long as the patient seeks curative care, any inpatient stay could entail curative care services. Under GIP, only palliative care services can be provided and therefore would not be appropriate for a patient who has not elected the Medicare hospice benefit. CHC, which provides a minimum of eight hours of consecutive nursing care in the home, is a level of care that again, offers palliative care only and would not be appropriate or desirable for an individual seeking continued curative care. Consequently MCCM does not provide GIP or CHC levels of care. As the patient's declining health requires GIP or CHC levels of care, the hospice care coordinator, with the established trust relationship, would have an appropriate discussion about accessing CHC or GIP under the Medicare hospice benefit that may result in the hospice-eligible patient electing the Medicare Hospice Benefit.

The Model services are provided in the home when needed based on the Model beneficiary's care needs, CMS does not expect to see claims in the Medicare or Medicaid claims systems for home health services. Use of a home health agency would be redundant of the services provided in this Model. The claims systems will be monitored specifically for use of services provided by home health agencies to Model beneficiaries. MCCM participating hospices will be expected to provide documentation of each use of services by a home health agency for Model beneficiaries. CMS may terminate a MCCM participating hospice from participation in the Model for use of the home health benefit by Model beneficiaries. Beneficiaries needing services other than skilled nursing in the home can be provided these services through the outpatient prospective payment system (OPPS).

## **Services Summarized**

Table 1 lists the services covered under the MHB for routine home care and inpatient respite care levels of care that cannot be billed separately under Medicare Parts A, B, and D. These services

are therefore unbundled for purposes of the Model. Table 1 shows Model services covered by the PBPM fee and those services that can be billed as a separate claim under Parts A, B, or D. In addition to their curative services, these are the services available to beneficiaries participating in the Model. The table is broken into two sections. The first section lists the hospice support services available in the Model and included in the \$400 PBPM fee. These services must be available 24 hours a day, 7 days a week to Model beneficiaries. These services are collectively referred to as Model or MCCM services.

The second part of the table includes the services that can be billed separately under Medicare Parts A, B, or D. These services must be billed separately and are subject to all other requirements for billing, including meeting reasonable and necessary standards.

**Table 1--Services Available to MCCM Beneficiaries Based on Medicare Hospice CoPs and Sources of Payment**

<b>Payment:</b>	<b>Services available 24 hours a day, 7 days a week to Model Beneficiaries— Referred to as MCCM Services</b>
<b>MCCM</b> <ul style="list-style-type: none"> <li>○ <b>\$400 PBPM Fee (the fee is pro-rated to \$200 PBPM for services provided for less than 15 days in a calendar month)</b></li> <li>○ <b>Focus on management of services.</b></li> </ul>	<ul style="list-style-type: none"> <li>• Counseling services to the beneficiary and family that includes <ul style="list-style-type: none"> <li>○ Bereavement</li> <li>○ Spiritual</li> <li>○ Dietary</li> </ul> </li> <li>• Family support</li> <li>• Psycho-social assessment</li> <li>• Nursing services</li> <li>• Medical social services</li> <li>• Hospice aide and homemaker services</li> <li>• Volunteer services</li> <li>• Comprehensive assessment</li> <li>• Plan of care</li> <li>• Interdisciplinary Group (IDG)</li> <li>• Care coordination/case management services</li> <li>• In-home respite care</li> </ul>
<b>Payment:</b>	<b>Services to be furnished by Medicare Providers/Suppliers</b>
<b>Services Reimbursable under Medicare Parts A, B, and/or D</b> <ul style="list-style-type: none"> <li>○ <b>Paid through regular Medicare claims processing through MACs</b></li> </ul>	<ul style="list-style-type: none"> <li>• Physical or occupational therapy</li> <li>• Speech language pathology services</li> <li>• Drugs for the management of pain or other symptoms from the terminal illness or related conditions</li> <li>• Medical equipment and supplies</li> </ul>

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- Any other service that is specified in the patient's plan of care for which payment may otherwise be made under Medicare (for example, ambulance transports)
  - Short-term inpatient care for pain or symptom management which cannot be managed in the home environment
  - Physician Services
- 

### **Model Service and Activity Log:**

Services provided to beneficiaries participating in the Model will be tracked by the MCCM participating hospices using a monthly log of the services and activities provided by the hospice and in accordance with the plan of care. This service and activity log will be submitted to CMS on a monthly basis. CMS, through its implementation contractor, reserves the right to audit these service and activity logs at any time during the Model period. For purposes of implementing the Model and developing a comparison group needed for the evaluation of this Model, the MCCM participating hospices must also provide, on a monthly basis, demographic information for the qualifying beneficiaries that declined participation in the MCCM, as well as their beneficiary identification numbers.

If, during the course of participation in the Model, a beneficiary chooses to seek only hospice care under the MHB, the beneficiary would sign a hospice Notice of Election, 42 CFR 418.24, and would not be eligible to continue participating in the Model. If the beneficiary chooses to seek only curative services and no longer participate in the Model, the MCCM participating hospice would make note of the beneficiary's withdrawal from the MCCM on that month's service and activity log. A beneficiary who leaves the Model would not be eligible to return to the Model at a later date.

Note that no beneficiaries will begin participation during the last 6 months of the Model.

Claims data from the participating Model beneficiaries will be compared to a control population of non-participating beneficiaries with similar patient and disease characteristics. Calculating the actual expenditures between these two populations will provide the data to analyze the expenditure implications of this Model.

### **Quality Measures**

The quality measures will provide an understanding of whether each hospice's model design affects patient care with the goal of improved quality of care, improved patient satisfaction and reduced costs as shown by reduced ED visits, hospitalizations, and hospital stays. The Model will adopt the quality measures that are selected for the Hospice Quality Reporting Program and

include additional measures focused on pain management, care coordination/case management, care transitions, communication, patient-centered goals, and patient/family satisfaction. The additional measures will be developed by the implementation contractor for this Model in coordination with the MCCM participating hospices with CMS final approval. This effort includes all materials related to the measures such as the data dictionary, operating manuals, and other materials needed to implement a QAPI program, as well as the web portal for MCCM participating hospices to report this data electronically. The implementation contractor will work with the existing QAPI program at each MCCM participating hospice to fit within each hospice's current business practices such that each site can collect, report, and analyze aggregated metrics required by the Model in addition to their self-reported measures. Model participants must submit information on a quarterly basis and in the form and manner specified by CMS.

### **The Applicant's Intervention**

The Model will measure whether beneficiaries who receive hospice services that focus on care coordination, case management, and shared decision making, concurrently with curative services experience improvements in patient and family satisfaction, quality of life at the end-of-life, and net savings to Medicare. Based on these Model goals, the applicant must explain in its application how it will design its interventions to fit its Medicare and dual eligible beneficiary populations.

As the name of the Model may impact a patient's willingness to participate in a model offering curative along with hospice services, CMS is open to applicants using a name other than "Medicare Care Choices Model" or "Care Choices" that the applicant determines to be appropriate for their service area. If the applicant chooses to use a name other than the Model name specified above, the applicant must provide that name along with the rationale for this alternative name.

Application requirements are included below in Table 2, Application Criteria and Checklist. The narrative portion is to include, but is not limited to the following (applicants can provide more detail as needed as long as it does not exceed the 40-page limitation). Visual aids, actual de-identified examples, and diagrams can be included to provide a comprehensive picture of existing programs and potential Model design.

### **Selection**

CMS seeks a diverse group of hospices representative of various geographic areas, both urban and rural, and hospices of various sizes-both small and large hospices. Further, the applicant must be able to demonstrate experience with an established network of providers for referrals to hospice that will enable them to engage in care coordination of curative and hospice care and case management with providers and suppliers, including hospitals and practitioners. The more mature and effective the relationships are, then the more preference will be given. Preference will be given to hospices that can demonstrate experience in developing, reporting, and analyzing QAPI data, especially quality data related to a program analogous to the Model with

care coordination, case management, and shared decision making involving multiple providers/suppliers with their patients. Measures must be publicly available and not proprietary, preferably base-lined measures when available with national benchmarks.

## **Selection Criteria and Weights**

The Model would measure whether there are improvements in patient care, quality of life at the end-of-life and overall cost-effectiveness to Medicare, and whether beneficiaries elect hospice earlier in their disease trajectories. Based on these Model goals, the applicant must explain in its application how it will design its interventions to fit its patient population.

Application requirements are summarized in Table 2, Application Criteria and Checklist. Table 2 is broken into four sections with the criterion explained followed by the Application Checklist of what should be included, at a minimum, for that criterion. The four selection criteria are worth a total of 100 points. The four selection criteria and points are:

- Model Design (25 points)
- Organizational Structure and Capabilities (25 points)
- Implementation Plan of the Model Design (25 points)
- Model Impact (25 points)

The narrative portion is to include, but is not limited to the information provided in Table 2 (applicants can provide more detail as needed as long as it does not exceed the 40-page limitation). Visual aids, actual de-identified examples, and diagrams can be included to provide a comprehensive picture of existing programs and potential Model design. To help facilitate review of applications, applicants should organize their application to follow the sections and bullets listed in Table 2.

While CMS is committed to testing new models of care for hospice-eligible beneficiaries, the agency reserves the right to decide not to move forward with the MCCM for any reason, as is true for all models pursued under section 1115A authority. Similarly, as implementation of MCCM ensues, CMS reserves the right to terminate the Model if it determines that the Model is not achieving its goals and aims.

**Table 2: Application Criteria and Checklist**

<b>Application Checklist</b>	
<b>Selection Criteria:</b>	<b>Narrative to Include:</b>
<b>I. Model Design 25 points</b>	
<b>A. Provision of Model Services</b>	<b>Description of:</b> <ul style="list-style-type: none"> <li>• The name of the Model for the Applicant’s service area. As the name of the Model may influence a</li> </ul>

<b>Application Checklist</b>	
<b>Selection Criteria:</b>	<b>Narrative to Include:</b>
	<p>patient's willingness to participate in a model offering curative along with hospice services, CMS is open to applicants using a name other than "Medicare Care Choices Model" or "Care Choices" that the applicant determines to be appropriate for their service area. If the applicant chooses to use a name other than the Model name specified above, the applicant must provide that name along with the rationale for this alternative name.</p> <ul style="list-style-type: none"> <li>• Why applicant wants to participate in this Model.</li> <li>• What applicant will add to and/or change in their program that they cannot do without the Model.</li> <li>• The applicant's Model design. Please include: <ul style="list-style-type: none"> <li>• Marketing plans and materials.</li> <li>• How eligible beneficiaries will be: <ul style="list-style-type: none"> <li>- Identified</li> <li>- Educated about the Model</li> </ul> </li> <li>• Describe the services provided, the staff providing these services, and the means by which they will be provided.</li> </ul> </li> <li>• Describe how the applicant will verify eligibility of dual eligible beneficiaries and ensure care coordination with Medicaid. Explain what the applicant will do if the beneficiary is getting care coordination from another program.</li> </ul>
<b>B. Care Coordination, Case Management, and Shared Decision Making</b>	<p><b>Description of:</b></p> <ul style="list-style-type: none"> <li>• Strategies for care coordination, case management, and shared decision-making to include all involved healthcare providers/suppliers and the Model participants, and any identified representatives.</li> <li>• Strategies for care coordination, case management, and shared decision making with inpatient, outpatient, and other provider settings with which the applicant has no established relationship, admitting and/or ordering privileges.</li> </ul>
<b>C. Patient Centered Goals -</b>	<b>Description of:</b>

<b>Application Checklist</b>	
<b>Selection Criteria:</b>	<b>Narrative to Include:</b>
<b>Planning</b>	<ul style="list-style-type: none"> <li>How applicant will implement patient-centered-care planning based on the process and expectations described in the <u>Patient-centered Goals Section</u>.</li> </ul>
<b>D. Provision of Other Services</b>	<b>Description of:</b> <ul style="list-style-type: none"> <li>Strategies for coordination and provision of those items and services that the applicant is not financially responsible for (including services, drugs, medical supplies, and DME).</li> </ul>
<b>E. Healthcare Transitions</b>	<b>Description of:</b> <ul style="list-style-type: none"> <li>Management of patients through various healthcare transitions (inpatient and outpatient settings);</li> <li>How the applicant will transition the Model beneficiaries at the end of the 3 years when it no longer receives the \$400 PBPM fee or is participating in the Model with CMS. Describe how the applicant will notify beneficiaries of the Model's period of performance ending and determine what referral services will be offered to each beneficiary.</li> </ul>
<b>II. Organizational Structure and Capability</b> <b>25 Points</b>	
<b>A. Business Structure</b>	<b>Description of:</b> <ul style="list-style-type: none"> <li>The business structure of the hospice, including whether it is part of a chain, parent company, and other ownership. This information must be provided such that it can be verified by the CMS Provider Enrollment, Chain and Ownership System (PECOS System).</li> <li>The management structure of the applicant and resumes of all key personnel.</li> <li>Any business relationships between the applicant and other providers/suppliers (including physicians) that will be involved with the Model. This information should include, but is not limited to, information regarding whether the applicant and other providers and suppliers are part of the same entity or are</li> </ul>

<b>Application Checklist</b>	
<b>Selection Criteria:</b>	<b>Narrative to Include:</b>
	unaffiliated.
<b>B. Basic Requirements of Eligible Applicants</b>	<p><b>Data Required:</b></p> <p>The applicant must demonstrate it is in good standing as demonstrated by not exceeding the inpatient hospice cap and aggregate hospice cap for the cap years (11/1-10/31) for which data are available—2012, 2011, and 2010.</p> <p>Additionally, applicants must state whether the hospice, hospice employees, board members, directors, and administrators have ever been sanctioned by and/or suspended from the Medicare program or not allowed to contract with the federal government.</p> <p>CMS reserves the right to determine whether any applicant is in good standing to participate in a model through its own review of the applicant prior to any award of a model.</p> <p>To assist in the CMS review, applicants must provide in their application:</p> <ul style="list-style-type: none"> <li>- The Hospice's name;</li> <li>- Hospice's Main Address;</li> <li>- CCN; and</li> <li>- Tax ID or EIN.</li> <li>- Point of contact for this application, including the Name, Title, Address, Phone Number, and Email.</li> </ul>
<b>C. Business Model</b>	<p><b>Description of:</b></p> <ul style="list-style-type: none"> <li>• Applicant's service area.</li> <li>• Volunteer services and specifically those provided for direct patient care.</li> <li>• Current patient population broken down by Medicare, Duals, and other insured and shown both by those cared for under the MHB and those in the applicant's current care coordination/case management program. <ul style="list-style-type: none"> <li>○ Characteristics to include: <ul style="list-style-type: none"> <li>- % in traditional homes</li> <li>- % in nursing homes</li> <li>- % in assisted living facilities</li> <li>- % in hospital</li> <li>- % in other locations</li> <li>- % with cancer</li> <li>- % with COPD</li> </ul> </li> </ul> </li> </ul>

<b>Application Checklist</b>	
<b>Selection Criteria:</b>	<b>Narrative to Include:</b>
	<ul style="list-style-type: none"> <li>- % with CHF</li> <li>- % with HIV</li> <li>o Length of Stay (LOS) of patients for each of the past 3 federal fiscal years (FY 2010, 2011, and 2012): <ul style="list-style-type: none"> <li>- Overall mean, median, and mode LOS</li> <li>- Average with Cancer</li> <li>- Average with COPD</li> <li>- Average with CHF</li> <li>- Average with HIV</li> </ul> </li> <li>• Any partnership with Quality Improvement Organizations (QIOs)? If so, please provide a brief description.</li> <li>• Any partnership with Accountable Care Organization (ACO's) or similar entities? If so, please provide a description.</li> <li>• Applicant's experience with: <ul style="list-style-type: none"> <li>- Maintaining the patient in their traditional home</li> <li>- Hospital readmission rates and length of stay</li> <li>- CHF</li> <li>- Cancer</li> <li>- COPD</li> <li>- HIV</li> </ul> </li> </ul>
<b>D. Current Care Coordination, Case Management, Shared Decision Making Program</b>	<p><b>Description of:</b></p> <ul style="list-style-type: none"> <li>• Current care coordination and/or case management as well as shared decision making program. Please specifically address: <ul style="list-style-type: none"> <li>- The name of the current program</li> <li>- How the applicant educates referral sources for this program</li> <li>- How the applicant develops its referral sources</li> <li>- How referrals are made from the provider/supplier to the hospice</li> <li>- Why the referring provider participates in this program if the referring provider may reduce his/her billable services</li> <li>- Tools/methods that the applicant uses to coordinate between providers/suppliers</li> <li>- How discharge planning and care transitions are handled</li> </ul> </li> </ul>

Application Checklist	
Selection Criteria:	Narrative to Include:
	<ul style="list-style-type: none"> <li>- Number of individuals the applicant serves</li> <li>- Length of experience with coordinating curative care and hospice services in inpatient versus outpatient settings</li> <li>- How the population is identified and targeted</li> <li>- How access to services is increased</li> <li>- How earlier referrals to hospice are made</li> <li>• Whether representatives are physically present at referring sites to: <ul style="list-style-type: none"> <li>- Talk to prospective patients and families</li> <li>- Work with providers/suppliers</li> </ul> </li> <li>• How the applicant maintains the patient in a community-based, non-institutional setting, such as a traditional home.</li> <li>• Length of time program has been established with each provider/supplier.</li> <li>• Established network of providers/suppliers and the role of the referring providers/suppliers. Please include: <ul style="list-style-type: none"> <li>- The genesis of setting up each of these provider/supplier relationships.</li> <li>- Identify which providers/suppliers the care coordination/palliative care program began with and why they were selected.</li> <li>- How the program expanded, future plans, and why the program is developed this way.</li> <li>- How the different providers/suppliers interact and communicate with each other to provide coordinated patient care for this program.</li> <li>- The staff used for these provider/supplier-to-provider/supplier interactions/communications.</li> <li>- How conflicts in care coordination or case management between providers are handled.</li> <li>- How the hospice identifies and manages any overlap in care coordination functions provided by other providers to ensure the beneficiary receives consistent information.</li> <li>- How relationships are maintained with staff changes.</li> <li>- Which staff and providers/suppliers are critical to maintaining the provider/supplier-to-provider/supplier relationships.</li> <li>- The indicators of success for this provider/supplier network and how the applicant fosters these keys to success.</li> </ul> </li> </ul>

<b>Application Checklist</b>	
<b>Selection Criteria:</b>	<b>Narrative to Include:</b>
	<ul style="list-style-type: none"> <li>- The indicators of failure for this provider/supplier network and how the applicant tracks these indicators and addresses them.</li> <li>• Describe the key functions that are used to carry out the care coordination, case management, shared decision making program both by the applicant within the hospice and between the hospice and other providers/suppliers. Identify why these functions are key to the program.</li> <li>• Challenges of the program; and</li> <li>• Describe how the care coordination, case management, shared decision making program is financially supported.</li> </ul> <p>Please include the specific resumes of the person or persons performing care coordination and/or case management as well as shared decision making services that describe in detail their experience in performing the functions of this program. Selection criteria will award points based on this individual's qualifications and demonstrated results working with referring providers/suppliers in the care coordination, and case management program.</p> <ul style="list-style-type: none"> <li>• Letters of engagement supporting the applicant's participation in the Model. The letters must be from those providers/suppliers with whom the applicant has an established relationship (either a formal, legal relationship, or an established informal relationship). The letters must be on the referring provider/supplier's letterhead and signed by the Medical Director, Chief Financial Officer, Chief Nursing Officer, and any other key professionals leading the care coordination and case management program that identifies them by title.</li> <li>• The letters must address why the referring provider/supplier wants to participate in this Model, how the provider/supplier determines which patients to refer to the Model, how the provider/supplier covers the costs of this Model, what benefits the</li> </ul>

<b>Application Checklist</b>	
<b>Selection Criteria:</b>	<b>Narrative to Include:</b>
	<p>provider/supplier receives from this Model.</p> <ul style="list-style-type: none"> <li>The letters must also address whether any entities are part of an Accountable Care Organization (ACO) or plan to be part of an ACO. A key discussion must be how referrals will be impacted if the MCCM participating hospice is not part of that ACO.</li> </ul> <p><b>Note:</b> Letters of engagement do not count toward the 40-page application limit.</p>
<b>III. Strategy and Implementation Plan and Model Design 25 Points</b>	
<b>A. Implementation</b>	<p><b>Description of:</b></p> <ul style="list-style-type: none"> <li>Implementation plan with timeline based on enrollment into MCCM beginning no later than 180 days from CMS' announcement of hospices selected to participate in this Model;</li> <li>Staffing needs in order to implement the Model. Identify the positions with a description of the roles for each position and the number of staff required based on anticipated enrollment in the MCCM.</li> <li>Identification of potential challenges and strategies to navigate these challenges.</li> <li>Present evidence that the organization is capable of implementing and managing the Model, including new requirements for quality and payment policy as well as the responsibilities of the administrative and clinical professionals in managing the Model.</li> <li>The application must provide a description of the availability and adequacy of facilities, equipment, personnel and data systems to successfully conduct the proposed Model.</li> <li>Applicants must provide data for their planned Model design that includes ramp up and estimated beneficiary participation broken down by each year of the Model with the understanding that no beneficiaries will begin</li> </ul>

<b>Application Checklist</b>	
<b>Selection Criteria:</b>	<b>Narrative to Include:</b>
	<p>participation during the last 6-months of the Model. The applicant must provide census data from the past 3 federal fiscal years (FYs 2010, 2011, and 2012) that includes total number of patients and total number of patients meeting the qualifying ICD-9/10 codes as specified in Appendix 1. The goal is to provide sufficient detail to demonstrate the applicant can manage an increased patient volume.</p> <ul style="list-style-type: none"> <li>• Plan for managing their current patients in addition to the increased patient volume resulting from this MCCM. The applicant must detail the staff levels (ratio of direct patient care staff to patients) and how staff will be utilized for both the applicant's current hospice program and this Model along with the physical space and IT capabilities to provide both the services required under the Medicare Hospice Benefit and this Model.</li> <li>• In the implementation plan, indicate how the applicant will support or facilitate the independent evaluation of the Model through the development of operationally sound processes for tracking Model participation from initial contact with eligible beneficiaries to the Model beneficiary's conclusion in the Model.</li> </ul>
<b>B. Monitoring</b>	<p><b>Description of:</b></p> <ul style="list-style-type: none"> <li>• Strategy for ongoing monitoring of Model beneficiaries for: <ul style="list-style-type: none"> <li>• Clinical coordination</li> <li>• Care coordination</li> <li>• Case management</li> <li>• Shared decision making</li> <li>• Administrative coordination</li> </ul> </li> </ul>
<b>IV. Selection Criteria: Model Impact 25 Points</b>	
<b>A. Quality, Net Savings, and Outcomes</b>	<p><b>Description of:</b></p> <ul style="list-style-type: none"> <li>• How the applicant's concept impacts the quality of patient care, estimated net savings to Medicare and Medicaid, and reasonable outcomes.</li> <li>• What changes the applicant anticipates in the</li> </ul>

<b>Application Checklist</b>	
<b>Selection Criteria:</b>	<b>Narrative to Include:</b>
	<p>Medicare and Medicaid claims data as a result of the hospice's care coordination, case management, and patient-centered goals. Provide this data for each of the three Model years. The applicant must include the rationale for these yearly estimates.</p> <ul style="list-style-type: none"> <li>• Experience with a quality assessment and performance improvement program (QAPI) program and include examples and samples of the applicant's QAPI program and how that prepares them for the quality program in this Model. The applicant must provide at a minimum the quality measures it uses for its current program with their: <ul style="list-style-type: none"> <li>○ Numerators and denominators</li> <li>○ The source for each measure</li> <li>○ Why these measures were selected</li> </ul> </li> <li>• Quality reporting measures and rationale the applicant intends to use to track this Model. The applicant must identify which of these measures are currently used by the applicant and which are proposed. Note that CMS may require a set of quality measures that all MCCM participating hospices must report on a quarterly basis.</li> <li>• Applicants must provide information about current quality assessment systems and performance improvement projects. The role of the applicant in coordination with its network of referring providers/suppliers on quality improvement committee(s) as well as initiatives focused on managing clinical complications, and reducing ED visits, hospitalizations, ICU length of stay and hospital readmissions.</li> <li>• Applicants must demonstrate that adequate mechanisms are in place such that clinically appropriate services are provided, regardless of the location where the services are provided during the Model, and that there are mechanisms in place to track the clinical and functional outcomes of Model beneficiaries. To what degree has applicant adopted a network-wide electronic health record (EHR) system with the applicant's referring providers/suppliers</li> </ul>

<b>Application Checklist</b>	
<b>Selection Criteria:</b>	<b>Narrative to Include:</b>
	responsible for care coordination and case management? What kinds of care coordination and case management data are captured by the EHR system?

## **Final Selection**

CMS will convene technical review panels to review all of the applications. Panelists will receive a copy of the applications. Panelists will be asked to numerically rate and rank the applications and provide an assessment of the applications using the above criteria.

Applications will be screened to determine eligibility for further review using criteria detailed in this RFA and in applicable law, including 2 CFR Parts 180 and 376. In addition, CMS may deny funding to an otherwise qualified applicant on the basis of information found during a program integrity review regarding the applicant, its affiliates, or any other relevant individuals or entities. Applicants will be required to disclose any sanctions, investigations, probations or corrective action plans that have been imposed on the applicant in the last three years.

CMS will select hospices to participate in the Model from among the most highly qualified applicants. In addition to the criteria outlined in Table 2, CMS will seek to have a representative sample of hospices in terms of size, ownership, geographic location, and other characteristics. We expect to select at least 30 hospices to participate in the Model.

## **Requirements of Successful Applicants**

Applicants that are selected for and choose to participate in the Model will be required to execute an MCCM Participation Agreement that includes standard terms and conditions, and may be subject to special terms and conditions that are identified during the review process.

In addition to signing the MCCM Participation Agreement, MCCM participating hospices must have time and commitment to implement the Model to meet the timeline. MCCM participating hospices are required to cooperate fully with the implementation contractor and the CMS project officer for implementation of this Model. The CMS Model Team includes its contractors for both implementation and evaluation. This team will have regular meetings and some site visits that require the hospice to dedicate staff, time, and resources to meet CMS' requirements of the Model.

The hospices will also be required to report information on a regular schedule to CMS in the form and manner specified by CMS, such as tracking the beneficiaries participating in this Model using a monthly service and activity log that must be submitted monthly along with reporting quality measures on a quarterly basis electronically. CMS, through its implementation contractor, reserves the right to audit these documents and all related records supporting these functions at any time during the Model period.

## **Quarterly Data Reporting**

MCCM participating hospices must submit quarterly data as needed for monitoring and evaluation of the Model. The format and details of the data will be provided at the start of the Model, in collaboration with CMS program staff and the independent evaluation team. For planning purposes, the applicants should expect to provide the following types of information:

- Demographics of enrolled beneficiaries, including age, gender, race, and socio-economic characteristics.
- Health status of enrolled beneficiaries, including date of hospice eligibility, principal diagnosis, co-morbidities, functional status, depression and pain assessments, date of hospice election, and date of death.
- Supportive services delivered and a log of those services provided to each patient, including intensity of home visits and care coordination/case management activities.

## **Participation in the Model Evaluation**

An independent evaluation will be conducted for this Model. MCCM participating hospices are required to cooperate fully with the evaluation contractor and CMS project officer for the evaluation. All MCCM participating hospices will be asked to provide information on patient outcomes and costs of furnishing care to the Medicare beneficiaries participating in the Model for the evaluation. This information will be compared to outcomes and costs for beneficiaries receiving similar services at other MCCM participating hospices and at comparable facilities not participating in the Model.

CMS' independent evaluation will examine the impact of this Model on the goals of better health, better care, and lower costs. CMS will conduct quantitative analysis of both quality performance and monitoring measures in order to answer a number of evaluation questions, outlined below. The evaluation will also include qualitative analyses in order to capture and compare differences among models, as well as assess patient, family, and provider perceptions, barriers to change, areas of particular enthusiasm and practice culture.

## **Evaluation Questions**

The evaluation will assess the effect of the MCCM on access to hospice, healthcare utilization overall, clinical outcomes, and quality of care. Evaluation questions include but are not limited to:

1. Which supportive services and curative treatments do beneficiaries receive while enrolled in this model?
2. What policies, procedures, or other mechanisms are used to coordinate services for beneficiaries and to collaborate with physicians and other healthcare providers?
3. How does the model impact the decision to elect hospice, or the timing of hospice election, by Medicare and dually eligible Medicaid beneficiaries? At what point in the trajectory of their illness do beneficiaries elect hospice after receiving supportive services in this model? What are the factors that affect whether a beneficiary elects hospice?
4. What costs are associated with operating the model (e.g., labor, administrative) in order to provide curative care along with supportive services?
5. What is the effect of the model on Medicare and Medicaid expenditures? Do the costs of curative care and supportive services together under this model offset the cost of curative care alone incurred by those not in the model?
6. What is the impact of the model on beneficiaries who are covered by both Medicare and Medicaid (e.g., out-of-pocket costs, gaps in coverage across the two programs)? What is the effect on the hospice in caring for dually eligible Medicaid beneficiaries under this Model?

7. Does the model lead to improved outcomes such as fewer ED visits and ICU admissions, decreased hospitalization, shorter hospital stays, and better quality of life through reduced acute care utilization and increased palliative care?
8. Does the Model have an effect (either positive or negative) on the average time beneficiaries survive?
9. What are the elements of each awardee's approach to care delivery and how do they vary across awardee sites? Which elements do beneficiaries, family/caregivers, and providers identify as the most important to improving quality of life?
10. What programmatic changes have occurred in response to CMS-sponsored learning and diffusion activities and/or rapid-cycle evaluation results?

### Appendix 1—ICD 9 and 10 Codes

ICD-9-CM diagnosis	ICD-9 Code Title	ICD-10-CM diagnosis	ICD-10 Code Title
<b>Cancer</b>			
140.0	Malignant neoplasm of upper lip, vermilion border	C00.0	Malignant neoplasm of external upper lip
141.0	Malignant neoplasm of base of tongue	C01	Malignant neoplasm of base of tongue
142.0	Malignant neoplasm of parotid gland	C07	Malignant neoplasm of parotid gland
143.0	Malignant neoplasm of upper gum	C03.0	Malignant neoplasm of upper gum
144.0	Malignant neoplasm of anterior portion of floor of mouth	C04.0	Malignant neoplasm of anterior floor of mouth
145.0	Malignant neoplasm of cheek mucosa	C06.0	Malignant neoplasm of cheek mucosa
146.0	Malignant neoplasm of tonsil	C09.8	Malignant neoplasm of overlapping sites of tonsil
146.0	Malignant neoplasm of tonsil	C09.9	Malignant neoplasm of tonsil, unspecified
147.0	Malignant neoplasm of superior wall of nasopharynx	C11.0	Malignant neoplasm of superior wall of nasopharynx
148.0	Malignant neoplasm of postcricoid region of hypopharynx	C13.0	Malignant neoplasm of postcricoid region
149.0	Malignant neoplasm of pharynx, unspecified	C14.0	Malignant neoplasm of pharynx, unspecified
150.0	Malignant neoplasm of cervical esophagus	C15.3	Malignant neoplasm of upper third of esophagus
151.0	Malignant neoplasm of cardia	C16.0	Malignant neoplasm of cardia
151.1	Malignant neoplasm of pylorus	C16.4	Malignant neoplasm of pylorus
151.2	Malignant neoplasm of pyloric antrum	C16.3	Malignant neoplasm of pyloric antrum

151.3	Malignant neoplasm of fundus of stomach	C16.1	Malignant neoplasm of fundus of stomach
151.4	Malignant neoplasm of body of stomach	C16.2	Malignant neoplasm of body of stomach
151.5	Malignant neoplasm of lesser curvature of stomach, unspecified	C16.5	Malignant neoplasm of lesser curvature of stomach, unspecified
151.6	Malignant neoplasm of greater curvature of stomach, unspecified	C16.6	Malignant neoplasm of greater curvature of stomach, unspecified
151.8	Malignant neoplasm of other specified sites of stomach	C16.8	Malignant neoplasm of overlapping sites of stomach
151.9	Malignant neoplasm of stomach, unspecified site	C16.9	Malignant neoplasm of stomach, unspecified
152.0	Malignant neoplasm of duodenum	C17.0	Malignant neoplasm of duodenum
152.1	Malignant neoplasm of jejunum	C17.1	Malignant neoplasm of jejunum
152.2	Malignant neoplasm of ileum	C17.2	Malignant neoplasm of ileum
152.3	Malignant neoplasm of Meckel's diverticulum	C17.3	Meckel's diverticulum, malignant
152.8	Malignant neoplasm of other specified sites of small intestine	C17.8	Malignant neoplasm of overlapping sites of small intestine
152.9	Malignant neoplasm of small intestine, unspecified site	C17.9	Malignant neoplasm of small intestine, unspecified
153.0	Malignant neoplasm of hepatic flexure	C18.3	Malignant neoplasm of hepatic flexure
153.1	Malignant neoplasm of transverse colon	C18.4	Malignant neoplasm of transverse colon
153.2	Malignant neoplasm of descending colon	C18.6	Malignant neoplasm of descending colon
153.3	Malignant neoplasm of sigmoid colon	C18.7	Malignant neoplasm of sigmoid colon
153.4	Malignant neoplasm of cecum	C18.0	Malignant neoplasm of cecum
153.5	Malignant neoplasm of appendix vermiformis	C18.1	Malignant neoplasm of appendix

153.6	Malignant neoplasm of ascending colon	C18.2	Malignant neoplasm of ascending colon
153.7	Malignant neoplasm of splenic flexure	C18.5	Malignant neoplasm of splenic flexure
153.8	Malignant neoplasm of other specified sites of large intestine	C18.8	Malignant neoplasm of overlapping sites of colon
153.9	Malignant neoplasm of colon, unspecified site	C18.9	Malignant neoplasm of colon, unspecified
154.0	Malignant neoplasm of rectosigmoid junction	C19	Malignant neoplasm of rectosigmoid junction
154.1	Malignant neoplasm of rectum	C20	Malignant neoplasm of rectum
154.2	Malignant neoplasm of anal canal	C21.1	Malignant neoplasm of anal canal
154.3	Malignant neoplasm of anus, unspecified site	C21.0	Malignant neoplasm of anus, unspecified
154.8	Malignant neoplasm other( i.e. cloacoagenic zone, malignant neoplasm of contiguous or overlapping sites of rectum, rectosigmoid junction and anus whos epoint of origin cannot be determined)	C21.2	Malignant neoplasm of cloagenic zone
154.8	Malignant neoplasm other( i.e. cloacoagenic zone, malignant neoplasm of contiguous or overlapping sites of rectum, rectosigmoid junction and anus whos epoint of origin cannot be determined)	C21.8	Malignant neoplasm overlap sites recturm anus & anal canal
155.0	Malignant neoplasm of liver, primary	C22.0	Liver cell carcinoma
155.0	Malignant neoplasm of liver, primary	C22.2	Hepatoblastoma
155.0	Malignant neoplasm of liver, primary	C22.3	Angiosarcoma of liver
155.0	Malignant neoplasm of liver, primary	C22.4	Other sarcomas of liver

155.0	Malignant neoplasm of liver, primary	C22.7	Other specified carcinomas of liver
155.0	Malignant neoplasm of liver, primary	C22.8	Malignant neoplasm of liver, primary, unspecified as to type
156.0	Malignant neoplasm of gallbladder	C23	Malignant neoplasm of gallbladder
157.0	Malignant neoplasm of head of pancreas	C25.0	Malignant neoplasm of head of pancreas
158.0	Malignant neoplasm of retroperitoneum	C48.0	Malignant neoplasm of retroperitoneum
159.0	Malignant neoplasm of intestinal tract, part unspecified	C26.0	Malignant neoplasm of intestinal tract, part unspecified
160.0	Malignant neoplasm of nasal cavities	C30.0	Malignant neoplasm of nasal cavity
161.0	Malignant neoplasm of glottis	C32.0	Malignant neoplasm of glottis
162.0	Malignant neoplasm of trachea	C33	Malignant neoplasm of trachea
162.2	Malignant neoplasm of main bronchus	C34.00	Malignant neoplasm of unspecified main bronchus
162.2	Malignant neoplasm of main bronchus	C34.01	Malignant neoplasm of right main bronchus
162.2	Malignant neoplasm of main bronchus	C34.02	Malignant neoplasm of left main bronchus
162.3	Malignant neoplasm of upper lobe, bronchus or lung	C34.10	Malignant neoplasm of upper lobe, unspecified bronchus or lung
162.3	Malignant neoplasm of upper lobe, bronchus or lung	C34.11	Malignant neoplasm of upper lobe, right bronchus or lung
162.3	Malignant neoplasm of upper lobe, bronchus or lung	C34.12	Malignant neoplasm of upper lobe, left bronchus or lung
162.4	Malignant neoplasm of middle lobe, bronchus or lung	C34.2	Malignant neoplasm of middle lobe, bronchus or lung
162.5	Malignant neoplasm of lower lobe, bronchus or lung	C34.30	Malignant neoplasm of lower lobe, unspecified bronchus or lung

162.5	Malignant neoplasm of lower lobe, bronchus or lung	C34.31	Malignant neoplasm of lower lobe, right bronchus or lung
162.5	Malignant neoplasm of lower lobe, bronchus or lung	C34.32	Malignant neoplasm of lower lobe, left bronchus or lung
162.8	Malignant neoplasm of other parts of bronchus or lung	C34.80	Malignant neoplasm of overlapping sites of unspecified bronchus and lung
162.8	Malignant neoplasm of other parts of bronchus or lung	C34.81	Malignant neoplasm of overlapping sites of right bronchus and lung
162.8	Malignant neoplasm of other parts of bronchus or lung	C34.82	Malignant neoplasm of overlapping sites of left bronchus and lung
162.9	Malignant neoplasm of bronchus and lung, unspecified	C34.90	Malignant neoplasm of unspecified part of unspecified bronchus or lung
162.9	Malignant neoplasm of bronchus and lung, unspecified	C34.91	Malignant neoplasm of unspecified part of right bronchus or lung
162.9	Malignant neoplasm of bronchus and lung, unspecified	C34.92	Malignant neoplasm of unspecified part of left bronchus or lung
163.0	Malignant neoplasm of parietal pleura	C38.4	Malignant neoplasm of pleura
164.0	Malignant neoplasm of thymus	C37	Malignant neoplasm of thymus
165.0	Malignant neoplasm of upper respiratory tract, part unspecified	C39.0	Malignant neoplasm of upper respiratory tract, part unspecified
170.0	Malignant neoplasm of bones of skull and face, except mandible	C41.0	Malignant neoplasm of bones of skull and face
171.0	Malignant neoplasm of connective and other soft tissue of head, face, and neck	C47.0	Malignant neoplasm of peripheral nerves of head, face and neck
171.0	Malignant neoplasm of connective and other soft tissue of head, face, and neck	C49.0	Malignant neoplasm of connective and soft tissue of head, face and neck

172.0	Malignant melanoma of skin of lip	C43.0	Malignant melanoma of lip
172.0	Malignant melanoma of skin of lip	D03.0	Melanoma in situ of lip
173.00	Unspecified malignant neoplasm of skin of lip	C44.00	Unspecified malignant neoplasm of skin of lip
173.01	Basal cell carcinoma of skin of lip	C44.01	Basal cell carcinoma of skin of lip
173.02	Squamous cell carcinoma of skin of lip	C44.02	Squamous cell carcinoma of skin of lip
173.09	Other specified malignant neoplasm of skin of lip	C44.09	Other specified malignant neoplasm of skin of lip
174.0	Malignant neoplasm of nipple and areola of female breast	C50.011	Malignant neoplasm of nipple and areola, right female breast
174.0	Malignant neoplasm of nipple and areola of female breast	C50.012	Malignant neoplasm of nipple and areola, left female breast
174.0	Malignant neoplasm of nipple and areola of female breast	C50.019	Malignant neoplasm of nipple and areola, unspecified female breast
174.1	Malignant neoplasm of central portion of female breast	C50.111	Malignant neoplasm of central portion of right female breast
174.1	Malignant neoplasm of central portion of female breast	C50.112	Malignant neoplasm of central portion of left female breast
174.1	Malignant neoplasm of central portion of female breast	C50.119	Malignant neoplasm of central portion of unspecified female breast
174.2	Malignant neoplasm of upper-inner quadrant of female breast	C50.211	Malignant neoplasm of upper-inner quadrant of right female breast
174.2	Malignant neoplasm of upper-inner quadrant of female breast	C50.212	Malignant neoplasm of upper-inner quadrant of left female breast
174.2	Malignant neoplasm of upper-inner quadrant of female breast	C50.219	Malignant neoplasm of upper-inner quadrant of unspecified female breast

174.3	Malignant neoplasm of lower-inner quadrant of female breast	C50.311	Malignant neoplasm of lower-inner quadrant of right female breast
174.3	Malignant neoplasm of lower-inner quadrant of female breast	C50.312	Malignant neoplasm of lower-inner quadrant of left female breast
174.3	Malignant neoplasm of lower-inner quadrant of female breast	C50.319	Malignant neoplasm of lower-inner quadrant of unspecified female breast
174.4	Malignant neoplasm of upper-outer quadrant of female breast	C50.411	Malignant neoplasm of upper-outer quadrant of right female breast
174.4	Malignant neoplasm of upper-outer quadrant of female breast	C50.412	Malignant neoplasm of upper-outer quadrant of left female breast
174.4	Malignant neoplasm of upper-outer quadrant of female breast	C50.419	Malignant neoplasm of upper-outer quadrant of unspecified female breast
174.5	Malignant neoplasm of lower-outer quadrant of female breast	C50.511	Malignant neoplasm of lower-outer quadrant of right female breast
174.5	Malignant neoplasm of lower-outer quadrant of female breast	C50.512	Malignant neoplasm of lower-outer quadrant of left female breast
174.5	Malignant neoplasm of lower-outer quadrant of female breast	C50.519	Malignant neoplasm of lower-outer quadrant of unspecified female breast
174.6	Malignant neoplasm of axillary tail of female breast	C50.611	Malignant neoplasm of axillary tail of right female breast
174.6	Malignant neoplasm of axillary tail of female breast	C50.612	Malignant neoplasm of axillary tail of left female breast
174.6	Malignant neoplasm of axillary tail of female breast	C50.619	Malignant neoplasm of axillary tail of unspecified female breast
174.8	Malignant neoplasm of other specified sites of female breast	C50.811	Malignant neoplasm of overlapping sites of right female breast
174.8	Malignant neoplasm of other specified sites of female breast	C50.812	Malignant neoplasm of overlapping sites of left female breast

174.8	Malignant neoplasm of other specified sites of female breast	C50.819	Malignant neoplasm of overlapping sites of unspecified female breast
174.9	Malignant neoplasm of breast (female), unspecified	C50.911	Malignant neoplasm of unspecified site of right female breast
174.9	Malignant neoplasm of breast (female), unspecified	C50.912	Malignant neoplasm of unspecified site of left female breast
174.9	Malignant neoplasm of breast (female), unspecified	C50.919	Malignant neoplasm of unspecified site of unspecified female breast
175.0	Malignant neoplasm of nipple and areola of male breast	C50.021	Malignant neoplasm of nipple and areola, right male breast
175.0	Malignant neoplasm of nipple and areola of male breast	C50.022	Malignant neoplasm of nipple and areola, left male breast
175.0	Malignant neoplasm of nipple and areola of male breast	C50.029	Malignant neoplasm of nipple and areola, unspecified male breast
175.9	Malignant neoplasm of other and unspecified sites of male breast	C50.121	Malignant neoplasm of central portion of right male breast
175.9	Malignant neoplasm of other and unspecified sites of male breast	C50.122	Malignant neoplasm of central portion of left male breast
175.9	Malignant neoplasm of other and unspecified sites of male breast	C50.129	Malignant neoplasm of central portion of unspecified male breast
175.9	Malignant neoplasm of other and unspecified sites of male breast	C50.221	Malignant neoplasm of upper-inner quadrant of right male breast
175.9	Malignant neoplasm of other and unspecified sites of male breast	C50.222	Malignant neoplasm of upper-inner quadrant of left male breast
175.9	Malignant neoplasm of other and unspecified sites of male breast	C50.229	Malignant neoplasm of upper-inner quadrant of unspecified male breast
175.9	Malignant neoplasm of other and unspecified sites of male breast	C50.321	Malignant neoplasm of lower-inner quadrant of right male breast

175.9	Malignant neoplasm of other and unspecified sites of male breast	C50.322	Malignant neoplasm of lower-inner quadrant of left male breast
175.9	Malignant neoplasm of other and unspecified sites of male breast	C50.329	Malignant neoplasm of lower-inner quadrant of unspecified male breast
175.9	Malignant neoplasm of other and unspecified sites of male breast	C50.421	Malignant neoplasm of upper-outer quadrant of right male breast
175.9	Malignant neoplasm of other and unspecified sites of male breast	C50.422	Malignant neoplasm of upper-outer quadrant of left male breast
175.9	Malignant neoplasm of other and unspecified sites of male breast	C50.429	Malignant neoplasm of upper-outer quadrant of unspecified male breast
175.9	Malignant neoplasm of other and unspecified sites of male breast	C50.521	Malignant neoplasm of lower-outer quadrant of right male breast
175.9	Malignant neoplasm of other and unspecified sites of male breast	C50.522	Malignant neoplasm of lower-outer quadrant of left male breast
175.9	Malignant neoplasm of other and unspecified sites of male breast	C50.529	Malignant neoplasm of lower-outer quadrant of unspecified male breast
175.9	Malignant neoplasm of other and unspecified sites of male breast	C50.621	Malignant neoplasm of axillary tail of right male breast
175.9	Malignant neoplasm of other and unspecified sites of male breast	C50.622	Malignant neoplasm of axillary tail of left male breast
175.9	Malignant neoplasm of other and unspecified sites of male breast	C50.629	Malignant neoplasm of axillary tail of unspecified male breast
175.9	Malignant neoplasm of other and unspecified sites of male breast	C50.821	Malignant neoplasm of overlapping sites of right male breast
175.9	Malignant neoplasm of other and unspecified sites of male breast	C50.822	Malignant neoplasm of overlapping sites of left male breast
175.9	Malignant neoplasm of other and unspecified sites of male breast	C50.829	Malignant neoplasm of overlapping sites of unspecified male breast

175.9	Malignant neoplasm of other and unspecified sites of male breast	C50.921	Malignant neoplasm of unspecified site of right male breast
175.9	Malignant neoplasm of other and unspecified sites of male breast	C50.922	Malignant neoplasm of unspecified site of left male breast
175.9	Malignant neoplasm of other and unspecified sites of male breast	C50.929	Malignant neoplasm of unspecified site of unspecified male breast
176.0	Kaposi's sarcoma, skin	C46.0	Kaposi's sarcoma of skin
180.0	Malignant neoplasm of endocervix	C53.0	Malignant neoplasm of endocervix
182.0	Malignant neoplasm of corpus uteri, except isthmus	C54.1	Malignant neoplasm of endometrium
182.0	Malignant neoplasm of corpus uteri, except isthmus	C54.2	Malignant neoplasm of myometrium
182.0	Malignant neoplasm of corpus uteri, except isthmus	C54.3	Malignant neoplasm of fundus uteri
182.0	Malignant neoplasm of corpus uteri, except isthmus	C54.9	Malignant neoplasm of corpus uteri, unspecified
183.0	Malignant neoplasm of ovary	C56.1	Malignant neoplasm of right ovary
183.0	Malignant neoplasm of ovary	C56.2	Malignant neoplasm of left ovary
183.0	Malignant neoplasm of ovary	C56.9	Malignant neoplasm of unspecified ovary
184.0	Malignant neoplasm of vagina	C52	Malignant neoplasm of vagina
185.0	Malignant neoplasm of prostate		Malignant neoplasm of prostate
186.0	Malignant neoplasm of undescended testis	C62.00	Malignant neoplasm of unspecified undescended testis
186.0	Malignant neoplasm of undescended testis	C62.01	Malignant neoplasm of undescended right testis
186.0	Malignant neoplasm of undescended testis	C62.02	Malignant neoplasm of undescended left testis

186.9	Malignant neoplasm of other and unspecified testis	C62.10	Malignant neoplasm of unspecified descended testis
186.9	Malignant neoplasm of other and unspecified testis	C62.11	Malignant neoplasm of descended right testis
186.9	Malignant neoplasm of other and unspecified testis	C62.12	Malignant neoplasm of descended left testis
186.9	Malignant neoplasm of other and unspecified testis	C62.90	Malignant neoplasm of unspecified testis, unspecified whether descended or undescended
186.9	Malignant neoplasm of other and unspecified testis	C62.91	Malignant neoplasm of right testis, unspecified whether descended or undescended
186.9	Malignant neoplasm of other and unspecified testis	C62.92	Malignant neoplasm of left testis, unspecified whether descended or undescended
187.1	Malignant neoplasm of prepuce	C60.0	Malignant neoplasm of prepuce
187.3	Malignant neoplasm of body of penis	C60.2	Malignant neoplasm of body of penis
187.4	Malignant neoplasm of penis, part unspecified	C60.9	Malignant neoplasm of penis, unspecified
187.5	Malignant neoplasm of epididymis	C63.00	Malignant neoplasm of unspecified epididymis
187.5	Malignant neoplasm of epididymis	C63.01	Malignant neoplasm of right epididymis
187.5	Malignant neoplasm of epididymis	C63.02	Malignant neoplasm of left epididymis
187.6	Malignant neoplasm of spermatic cord	C63.10	Malignant neoplasm of unspecified spermatic cord
187.6	Malignant neoplasm of spermatic cord	C63.11	Malignant neoplasm of right spermatic cord
187.6	Malignant neoplasm of spermatic cord	C63.12	Malignant neoplasm of left spermatic cord
187.7	Malignant neoplasm of scrotum	C63.2	Malignant neoplasm of scrotum
187.8	Malignant neoplasm of other specified sites of male genital organs	C60.8	Malignant neoplasm of overlapping sites of penis

187.8	Malignant neoplasm of other specified sites of male genital organs	C63.7	Malignant neoplasm of other specified male genital organs
187.8	Malignant neoplasm of other specified sites of male genital organs	C63.8	Malignant neoplasm of overlapping sites of male genital organs
187.9	Malignant neoplasm of male genital organ, site unspecified	C63.9	Malignant neoplasm of male genital organ, unspecified
188.0	Malignant neoplasm of trigone of urinary bladder	C67.0	Malignant neoplasm of trigone of bladder
189.0	Malignant neoplasm of kidney, except pelvis	C64.1	Malignant neoplasm of right kidney, except renal pelvis
189.0	Malignant neoplasm of kidney, except pelvis	C64.2	Malignant neoplasm of left kidney, except renal pelvis
189.0	Malignant neoplasm of kidney, except pelvis	C64.9	Malignant neoplasm of unspecified kidney, except renal pelvis
190.0	Malignant neoplasm of eyeball, except conjunctiva, cornea, retina, and choroid	C69.40	Malignant neoplasm of unspecified ciliary body
190.0	Malignant neoplasm of eyeball, except conjunctiva, cornea, retina, and choroid	C69.41	Malignant neoplasm of right ciliary body
190.0	Malignant neoplasm of eyeball, except conjunctiva, cornea, retina, and choroid	C69.42	Malignant neoplasm of left ciliary body
191.0	Malignant neoplasm of cerebrum, except lobes and ventricles	C71.0	Malignant neoplasm of cerebrum, except lobes and ventricles
192.0	Malignant neoplasm of cranial nerves	C72.20	Malignant neoplasm of unspecified olfactory nerve
192.0	Malignant neoplasm of cranial nerves	C72.21	Malignant neoplasm of right olfactory nerve
192.0	Malignant neoplasm of cranial nerves	C72.22	Malignant neoplasm of left olfactory nerve
192.0	Malignant neoplasm of cranial nerves	C72.30	Malignant neoplasm of unspecified optic nerve

192.0	Malignant neoplasm of cranial nerves	C72.31	Malignant neoplasm of right optic nerve
192.0	Malignant neoplasm of cranial nerves	C72.32	Malignant neoplasm of left optic nerve
192.0	Malignant neoplasm of cranial nerves	C72.40	Malignant neoplasm of unspecified acoustic nerve
192.0	Malignant neoplasm of cranial nerves	C72.41	Malignant neoplasm of right acoustic nerve
192.0	Malignant neoplasm of cranial nerves	C72.42	Malignant neoplasm of left acoustic nerve
192.0	Malignant neoplasm of cranial nerves	C72.50	Malignant neoplasm of unspecified cranial nerve
192.0	Malignant neoplasm of cranial nerves	C72.59	Malignant neoplasm of other cranial nerves
194.0	Malignant neoplasm of adrenal gland	C74.00	Malignant neoplasm of cortex of unspecified adrenal gland
194.0	Malignant neoplasm of adrenal gland	C74.01	Malignant neoplasm of cortex of right adrenal gland
194.0	Malignant neoplasm of adrenal gland	C74.02	Malignant neoplasm of cortex of left adrenal gland
194.0	Malignant neoplasm of adrenal gland	C74.10	Malignant neoplasm of medulla of unspecified adrenal gland
194.0	Malignant neoplasm of adrenal gland	C74.11	Malignant neoplasm of medulla of right adrenal gland
194.0	Malignant neoplasm of adrenal gland	C74.12	Malignant neoplasm of medulla of left adrenal gland
194.0	Malignant neoplasm of adrenal gland	C74.90	Malignant neoplasm of unspecified part of unspecified adrenal gland
194.0	Malignant neoplasm of adrenal gland	C74.91	Malignant neoplasm of unspecified part of right adrenal gland
194.0	Malignant neoplasm of adrenal gland	C74.92	Malignant neoplasm of unspecified part of left adrenal gland
195.0	Malignant neoplasm of head, face, and neck	C76.0	Malignant neoplasm of head, face and neck
197.2	Secondary malignant neoplasm of pleura	C78.2	Secondary malignant neoplasm of pleura

200.00	Reticulosarcoma, unspecified site, extranodal and solid organ sites	C83.30	Diffuse large B-cell lymphoma, unspecified site
200.00	Reticulosarcoma, unspecified site, extranodal and solid organ sites	C83.39	Diffuse large B-cell lymphoma, extranodal and solid organ sites
200.01	Reticulosarcoma, lymph nodes of head, face, and neck	C83.31	Diffuse large B-cell lymphoma, lymph nodes of head, face, and neck
200.02	Reticulosarcoma, intrathoracic lymph nodes	C83.32	Diffuse large B-cell lymphoma, intrathoracic lymph nodes
200.03	Reticulosarcoma, intra-abdominal lymph nodes	C83.33	Diffuse large B-cell lymphoma, intra-abdominal lymph nodes
200.04	Reticulosarcoma, lymph nodes of axilla and upper limb	C83.34	Diffuse large B-cell lymphoma, lymph nodes of axilla and upper limb
200.05	Reticulosarcoma, lymph nodes of inguinal region and lower limb	C83.35	Diffuse large B-cell lymphoma, lymph nodes of inguinal region and lower limb
200.06	Reticulosarcoma, intrapelvic lymph nodes	C83.36	Diffuse large B-cell lymphoma, intrapelvic lymph nodes
200.07	Reticulosarcoma, spleen	C83.37	Diffuse large B-cell lymphoma, spleen
200.08	Reticulosarcoma, lymph nodes of multiple sites	C83.38	Diffuse large B-cell lymphoma, lymph nodes of multiple sites
201.00	Hodgkin's paraganuloma, unspecified site, extranodal and solid organ sites	C81.70	Other classical Hodgkin lymphoma, unspecified site
201.00	Hodgkin's paraganuloma, unspecified site, extranodal and solid organ sites	C81.79	Other classical Hodgkin lymphoma, extranodal and solid organ sites
201.01	Hodgkin's paraganuloma, lymph nodes of head, face, and neck	C81.71	Other classical Hodgkin lymphoma, lymph nodes of head, face, and neck

201.02	Hodgkin's paraganuloma, intrathoracic lymph nodes	C81.72	Other classical Hodgkin lymphoma, intrathoracic lymph nodes
201.03	Hodgkin's paraganuloma, intra-abdominal lymph nodes	C81.73	Other classical Hodgkin lymphoma, intra-abdominal lymph nodes
201.04	Hodgkin's paraganuloma, lymph nodes of axilla and upper limb	C81.74	Other classical Hodgkin lymphoma, lymph nodes of axilla and upper limb
201.05	Hodgkin's paraganuloma, lymph nodes of inguinal region and lower limb	C81.75	Other classical Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
201.06	Hodgkin's paraganuloma, intrapelvic lymph nodes	C81.76	Other classical Hodgkin lymphoma, intrapelvic lymph nodes
201.07	Hodgkin's paraganuloma, spleen	C81.77	Other classical Hodgkin lymphoma, spleen
201.08	Hodgkin's paraganuloma, lymph nodes of multiple sites	C81.78	Other classical Hodgkin lymphoma, lymph nodes of multiple sites
202.00	Nodular lymphoma, unspecified site, extranodal and solid organ sites	C82.00	Follicular lymphoma grade I, unspecified site
202.00	Nodular lymphoma, unspecified site, extranodal and solid organ sites	C82.09	Follicular lymphoma grade I, extranodal and solid organ sites
202.00	Nodular lymphoma, unspecified site, extranodal and solid organ sites	C82.10	Follicular lymphoma grade II, unspecified site
202.00	Nodular lymphoma, unspecified site, extranodal and solid organ sites	C82.19	Follicular lymphoma grade II, extranodal and solid organ sites
202.00	Nodular lymphoma, unspecified site, extranodal and solid organ sites	C82.20	Follicular lymphoma grade III, unspecified, unspecified site

202.00	Nodular lymphoma, unspecified site, extranodal and solid organ sites	C82.29	Follicular lymphoma grade III, unspecified, extranodal and solid organ sites
202.00	Nodular lymphoma, unspecified site, extranodal and solid organ sites	C82.30	Follicular lymphoma grade IIIa, unspecified site
202.00	Nodular lymphoma, unspecified site, extranodal and solid organ sites	C82.39	Follicular lymphoma grade IIIa, extranodal and solid organ sites
202.00	Nodular lymphoma, unspecified site, extranodal and solid organ sites	C82.40	Follicular lymphoma grade IIIb, unspecified site
202.00	Nodular lymphoma, unspecified site, extranodal and solid organ sites	C82.49	Follicular lymphoma grade IIIb, extranodal and solid organ sites
202.00	Nodular lymphoma, unspecified site, extranodal and solid organ sites	C82.60	Cutaneous follicle center lymphoma, unspecified site
202.00	Nodular lymphoma, unspecified site, extranodal and solid organ sites	C82.69	Cutaneous follicle center lymphoma, extranodal and solid organ sites
202.00	Nodular lymphoma, unspecified site, extranodal and solid organ sites	C82.80	Other types of follicular lymphoma, unspecified site
202.00	Nodular lymphoma, unspecified site, extranodal and solid organ sites	C82.89	Other types of follicular lymphoma, extranodal and solid organ sites
202.00	Nodular lymphoma, unspecified site, extranodal and solid organ sites	C82.90	Follicular lymphoma, unspecified, unspecified site

202.00	Nodular lymphoma, unspecified site, extranodal and solid organ sites	C82.99	Follicular lymphoma, unspecified, extranodal and solid organ sites
202.01	Nodular lymphoma, lymph nodes of head, face, and neck	C82.01	Follicular lymphoma grade I, lymph nodes of head, face, and neck
202.01	Nodular lymphoma, lymph nodes of head, face, and neck	C82.11	Follicular lymphoma grade II, lymph nodes of head, face, and neck
202.01	Nodular lymphoma, lymph nodes of head, face, and neck	C82.21	Follicular lymphoma grade III, unspecified, lymph nodes of head, face, and neck
202.01	Nodular lymphoma, lymph nodes of head, face, and neck	C82.31	Follicular lymphoma grade IIIa, lymph nodes of head, face, and neck
202.01	Nodular lymphoma, lymph nodes of head, face, and neck	C82.41	Follicular lymphoma grade IIIb, lymph nodes of head, face, and neck
202.01	Nodular lymphoma, lymph nodes of head, face, and neck	C82.61	Cutaneous follicle center lymphoma, lymph nodes of head, face, and neck
202.01	Nodular lymphoma, lymph nodes of head, face, and neck	C82.81	Other types of follicular lymphoma, lymph nodes of head, face, and neck
202.01	Nodular lymphoma, lymph nodes of head, face, and neck	C82.91	Follicular lymphoma, unspecified, lymph nodes of head, face, and neck
202.02	Nodular lymphoma, intrathoracic lymph nodes	C82.02	Follicular lymphoma grade I, intrathoracic lymph nodes
202.02	Nodular lymphoma, intrathoracic lymph nodes	C82.12	Follicular lymphoma grade II, intrathoracic lymph nodes
202.02	Nodular lymphoma, intrathoracic lymph nodes	C82.22	Follicular lymphoma grade III, unspecified, intrathoracic lymph nodes
202.02	Nodular lymphoma, intrathoracic lymph nodes	C82.32	Follicular lymphoma grade IIIa, intrathoracic lymph nodes
202.02	Nodular lymphoma, intrathoracic lymph nodes	C82.42	Follicular lymphoma grade IIIb, intrathoracic lymph nodes

202.02	Nodular lymphoma, intrathoracic lymph nodes	C82.62	Cutaneous follicle center lymphoma, intrathoracic lymph nodes
202.02	Nodular lymphoma, intrathoracic lymph nodes	C82.82	Other types of follicular lymphoma, intrathoracic lymph nodes
202.02	Nodular lymphoma, intrathoracic lymph nodes	C82.92	Follicular lymphoma, unspecified, intrathoracic lymph nodes
202.03	Nodular lymphoma, intra-abdominal lymph nodes	C82.03	Follicular lymphoma grade I, intra-abdominal lymph nodes
202.03	Nodular lymphoma, intra-abdominal lymph nodes	C82.13	Follicular lymphoma grade II, intra-abdominal lymph nodes
202.03	Nodular lymphoma, intra-abdominal lymph nodes	C82.23	Follicular lymphoma grade III, unspecified, intra-abdominal lymph nodes
202.03	Nodular lymphoma, intra-abdominal lymph nodes	C82.33	Follicular lymphoma grade IIIa, intra-abdominal lymph nodes
202.03	Nodular lymphoma, intra-abdominal lymph nodes	C82.43	Follicular lymphoma grade IIIb, intra-abdominal lymph nodes
202.03	Nodular lymphoma, intra-abdominal lymph nodes	C82.63	Cutaneous follicle center lymphoma, intra-abdominal lymph nodes
202.03	Nodular lymphoma, intra-abdominal lymph nodes	C82.83	Other types of follicular lymphoma, intra-abdominal lymph nodes
202.03	Nodular lymphoma, intra-abdominal lymph nodes	C82.93	Follicular lymphoma, unspecified, intra-abdominal lymph nodes
202.04	Nodular lymphoma, lymph nodes of axilla and upper limb	C82.04	Follicular lymphoma grade I, lymph nodes of axilla and upper limb
202.04	Nodular lymphoma, lymph nodes of axilla and upper limb	C82.14	Follicular lymphoma grade II, lymph nodes of axilla and upper limb
202.04	Nodular lymphoma, lymph nodes of axilla and upper limb	C82.24	Follicular lymphoma grade III, unspecified, lymph nodes of axilla and upper limb

202.04	Nodular lymphoma, lymph nodes of axilla and upper limb	C82.34	Follicular lymphoma grade IIIa, lymph nodes of axilla and upper limb
202.04	Nodular lymphoma, lymph nodes of axilla and upper limb	C82.44	Follicular lymphoma grade IIIb, lymph nodes of axilla and upper limb
202.04	Nodular lymphoma, lymph nodes of axilla and upper limb	C82.64	Cutaneous follicle center lymphoma, lymph nodes of axilla and upper limb
202.04	Nodular lymphoma, lymph nodes of axilla and upper limb	C82.84	Other types of follicular lymphoma, lymph nodes of axilla and upper limb
202.04	Nodular lymphoma, lymph nodes of axilla and upper limb	C82.94	Follicular lymphoma, unspecified, lymph nodes of axilla and upper limb
202.05	Nodular lymphoma, lymph nodes of inguinal region and lower limb	C82.05	Follicular lymphoma grade I, lymph nodes of inguinal region and lower limb
202.05	Nodular lymphoma, lymph nodes of inguinal region and lower limb	C82.15	Follicular lymphoma grade II, lymph nodes of inguinal region and lower limb
202.05	Nodular lymphoma, lymph nodes of inguinal region and lower limb	C82.25	Follicular lymphoma grade III, unspecified, lymph nodes of inguinal region and lower limb
202.05	Nodular lymphoma, lymph nodes of inguinal region and lower limb	C82.35	Follicular lymphoma grade IIIa, lymph nodes of inguinal region and lower limb
202.05	Nodular lymphoma, lymph nodes of inguinal region and lower limb	C82.45	Follicular lymphoma grade IIIb, lymph nodes of inguinal region and lower limb
202.05	Nodular lymphoma, lymph nodes of inguinal region and lower limb	C82.65	Cutaneous follicle center lymphoma, lymph nodes of inguinal region and lower limb
202.05	Nodular lymphoma, lymph nodes of inguinal region and lower limb	C82.85	Other types of follicular lymphoma, lymph nodes of inguinal region and lower limb
202.05	Nodular lymphoma, lymph nodes of inguinal region and lower limb	C82.95	Follicular lymphoma, unspecified, lymph nodes of inguinal region and lower limb
202.06	Nodular lymphoma, intrapelvic lymph nodes	C82.06	Follicular lymphoma grade I, intrapelvic lymph nodes

202.06	Nodular lymphoma, intrapelvic lymph nodes	C82.16	Follicular lymphoma grade II, intrapelvic lymph nodes
202.06	Nodular lymphoma, intrapelvic lymph nodes	C82.26	Follicular lymphoma grade III, unspecified, intrapelvic lymph nodes
202.06	Nodular lymphoma, intrapelvic lymph nodes	C82.36	Follicular lymphoma grade IIIa, intrapelvic lymph nodes
202.06	Nodular lymphoma, intrapelvic lymph nodes	C82.46	Follicular lymphoma grade IIIb, intrapelvic lymph nodes
202.06	Nodular lymphoma, intrapelvic lymph nodes	C82.66	Cutaneous follicle center lymphoma, intrapelvic lymph nodes
202.06	Nodular lymphoma, intrapelvic lymph nodes	C82.86	Other types of follicular lymphoma, intrapelvic lymph nodes
202.06	Nodular lymphoma, intrapelvic lymph nodes	C82.96	Follicular lymphoma, unspecified, intrapelvic lymph nodes
202.07	Nodular lymphoma, spleen	C82.07	Follicular lymphoma grade I, spleen
202.07	Nodular lymphoma, spleen	C82.17	Follicular lymphoma grade II, spleen
202.07	Nodular lymphoma, spleen	C82.27	Follicular lymphoma grade III, unspecified, spleen
202.07	Nodular lymphoma, spleen	C82.37	Follicular lymphoma grade IIIa, spleen
202.07	Nodular lymphoma, spleen	C82.47	Follicular lymphoma grade IIIb, spleen
202.07	Nodular lymphoma, spleen	C82.67	Cutaneous follicle center lymphoma, spleen
202.07	Nodular lymphoma, spleen	C82.87	Other types of follicular lymphoma, spleen
202.07	Nodular lymphoma, spleen	C82.97	Follicular lymphoma, unspecified, spleen
202.08	Nodular lymphoma, lymph nodes of multiple sites	C82.08	Follicular lymphoma grade I, lymph nodes of multiple sites
202.08	Nodular lymphoma, lymph nodes of multiple sites	C82.18	Follicular lymphoma grade II, lymph nodes of multiple sites
202.08	Nodular lymphoma, lymph nodes of multiple sites	C82.28	Follicular lymphoma grade III, unspecified, lymph nodes of multiple sites

202.08	Nodular lymphoma, lymph nodes of multiple sites	C82.38	Follicular lymphoma grade IIIa, lymph nodes of multiple sites
202.08	Nodular lymphoma, lymph nodes of multiple sites	C82.48	Follicular lymphoma grade IIIb, lymph nodes of multiple sites
202.08	Nodular lymphoma, lymph nodes of multiple sites	C82.68	Cutaneous follicle center lymphoma, lymph nodes of multiple sites
202.08	Nodular lymphoma, lymph nodes of multiple sites	C82.88	Other types of follicular lymphoma, lymph nodes of multiple sites
202.08	Nodular lymphoma, lymph nodes of multiple sites	C82.98	Follicular lymphoma, unspecified, lymph nodes of multiple sites
203.00	Multiple myeloma, without mention of having achieved remission	C90.00	Multiple myeloma not having achieved remission
203.02	Multiple myeloma, in relapse	C90.02	Multiple myeloma in relapse
204.00	Acute lymphoid leukemia, without mention of having achieved remission	C91.00	Acute lymphoblastic leukemia not having achieved remission
204.02	Acute lymphoid leukemia, in relapse	C91.02	Acute lymphoblastic leukemia, in relapse
205.00	Acute myeloid leukemia, without mention of having achieved remission	C92.00	Acute myeloblastic leukemia, not having achieved remission
205.00	Acute myeloid leukemia, without mention of having achieved remission	C92.40	Acute promyelocytic leukemia, not having achieved remission
205.00	Acute myeloid leukemia, without mention of having achieved remission	C92.50	Acute myelomonocytic leukemia, not having achieved remission
205.00	Acute myeloid leukemia, without mention of having achieved remission	C92.60	Acute myeloid leukemia with 11q23-abnormality not having achieved remission

205.00	Acute myeloid leukemia, without mention of having achieved remission	C92.A0	Acute myeloid leukemia with multilineage dysplasia, not having achieved remission
205.02	Acute myeloid leukemia, in relapse	C92.02	Acute myeloblastic leukemia, in relapse
205.02	Acute myeloid leukemia, in relapse	C92.42	Acute promyelocytic leukemia, in relapse
205.02	Acute myeloid leukemia, in relapse	C92.52	Acute myelomonocytic leukemia, in relapse
205.02	Acute myeloid leukemia, in relapse	C92.62	Acute myeloid leukemia with 11q23-abnormality in relapse
205.02	Acute myeloid leukemia, in relapse	C92.A2	Acute myeloid leukemia with multilineage dysplasia, in relapse
206.00	Acute monocytic leukemia, without mention of having achieved remission	C93.00	Acute monoblastic/monocytic leukemia, not having achieved remission
206.02	Acute monocytic leukemia, in relapse	C93.02	Acute monoblastic/monocytic leukemia, in relapse
207.00	Acute erythremia and erythroleukemia, without mention of having achieved remission	C94.00	Acute erythroid leukemia, not having achieved remission
207.02	Acute erythremia and erythroleukemia, in relapse	C94.02	Acute erythroid leukemia, in relapse
208.00	Acute leukemia of unspecified cell type, without mention of having achieved remission	C95.00	Acute leukemia of unspecified cell type not having achieved remission
208.02	Acute leukemia of unspecified cell type, in relapse	C95.02	Acute leukemia of unspecified cell type, in relapse
<b>Congestive Heart Failure</b>			
402.01	Malignant hypertensive heart disease with heart failure	I11.0	Hypertensive heart disease with heart failure
402.11	Benign hypertensive heart disease with heart	I11.0	Hypertensive heart disease with heart failure

	failure		
402.91	Unspecified hypertensive heart disease with heart failure	I11.0	Hypertensive heart disease with heart failure
404.01	Hypertensive heart and chronic kidney disease, malignant, with heart failure and with chronic kidney disease stage I through stage IV, or unspecified	I13.0	Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease
404.11	Hypertensive heart and chronic kidney disease, benign, with heart failure and with chronic kidney disease stage I through stage IV, or unspecified	I13.0	Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease
404.91	Hypertensive heart and chronic kidney disease, unspecified, with heart failure and with chronic kidney disease stage I through stage IV, or unspecified	I13.0	Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease
428.1	Left heart failure	I50.1	Left ventricular failure
428.20	Systolic heart failure, unspecified	I50.20	Unspecified systolic (congestive) heart failure
428.21	Acute systolic heart failure	I50.21	Acute systolic (congestive) heart failure
428.22	Chronic systolic heart failure	I50.22	Chronic systolic (congestive) heart failure
428.23	Acute on chronic systolic heart failure	I50.23	Acute on chronic systolic (congestive) heart failure
428.30	Diastolic heart failure, unspecified	I50.30	Unspecified diastolic (congestive) heart failure
428.31	Acute diastolic heart failure	I50.31	Acute diastolic (congestive) heart failure
428.32	Chronic diastolic heart failure	I50.32	Chronic diastolic (congestive) heart failure
428.33	Acute on chronic diastolic heart failure	I50.33	Acute on chronic diastolic (congestive) heart failure

428.40	Combined systolic and diastolic heart failure, unspecified	I50.40	Unspecified combined systolic (congestive) and diastolic (congestive) heart failure
428.41	Acute combined systolic and diastolic heart failure	I50.41	Acute combined systolic (congestive) and diastolic (congestive) heart failure
428.42	Chronic combined systolic and diastolic heart failure	I50.42	Chronic combined systolic (congestive) and diastolic (congestive) heart failure
428.43	Acute on chronic combined systolic and diastolic heart failure	I50.43	Acute on chronic combined systolic (congestive) and diastolic (congestive) heart failure
428.9	Heart failure, unspecified	I50.9	Heart failure, unspecified
<b>Chronic Obstructive Pulmonary Disease (COPD )</b>			
491.20	Obstructive chronic bronchitis without exacerbation	J44.9	Chronic obstructive pulmonary disease, unspecified
491.21	Obstructive chronic bronchitis with (acute) exacerbation	J44.1	Chronic obstructive pulmonary disease with (acute) exacerbation
491.22	Obstructive chronic bronchitis with acute bronchitis	J44.0	Chronic obstructive pulmonary disease with acute lower respiratory infection
492.0	Emphysematous bleb	J43.9	Emphysema, unspecified
492.8	Other emphysema	J43.0	Unilateral pulmonary emphysema [MacLeod's syndrome]
492.8	Other emphysema	J43.1	Panlobular emphysema
492.8	Other emphysema	J43.2	Centrilobular emphysema
492.8	Other emphysema	J43.8	Other emphysema
492.8	Other emphysema	J43.9	Emphysema, unspecified
493.20	Chronic obstructive asthma, unspecified	J44.9	Chronic obstructive pulmonary disease, unspecified
493.21	Chronic obstructive asthma with status asthmaticus	J44.0	Chronic obstructive pulmonary disease with acute lower respiratory infection
493.22	Chronic obstructive asthma with (acute) exacerbation	J44.1	Chronic obstructive pulmonary disease with (acute) exacerbation
494.0	Bronchiectasis without acute exacerbation	J47.9	Bronchiectasis, uncomplicated

494.1	Bronchiectasis with acute exacerbation	J47.0	Bronchiectasis with acute lower respiratory infection
494.1	Bronchiectasis with acute exacerbation	J47.1	Bronchiectasis with (acute) exacerbation
<b>Human Immunodeficiency Virus (HIV) - plus secondary codes</b>			
042	Human Immunodeficiency Virus (HIV)	B20 to B24	Human Immunodeficiency Virus (HIV) with subcategories.
042 plus 155	Hepatoma	C22.0 or D13.4	Hepatoma malignant or benign
042 plus 571.2 or 571.5	Cirrhosis	K74.4, K74.6, or K74.69	Secondary biliary cirrhosis, Unspecified cirrhosis, Other cirrhosis
042 plus 200	Lymphoma	C46.3, or C81 to C88	Kaposi's sarcoma of lymph nodes, Other lymphomas
042 plus 799.4	Cachexia	R64	Cachexia
042 plus 140-208	Cancer	C00-D49	Cancer

